

Hospice of Marion County
Guideline for Determining Terminal Prognosis – Decline in Clinical Status - Initial

The following criteria will support a prognosis of six months or less if the terminal illness runs its normal course for patients with **Decline in Clinical Status** on initial certification.

Since determination of decline presumes assessment of a patient's status over time, it is essential that both baseline and follow-up determinations be reported where appropriate. Baseline data may be established on admission to hospice or by using existing information from records. Other clinical variables not on this list may support a six (6) month or less life expectancy. These should be documented in the clinical progress notes. These changes in clinical variables apply to patients whose decline is not considered to be reversible. They are listed in order of their likelihood to predict poor survival, the most predictive first and the least predictive last. No specific number of variables must be met, but fewer of those listed first (more predictive) and more of those listed last (least predictive) would be expected to predict longevity of six (6) months or less.

1) Progression of disease as documented by worsening clinical status, symptoms, signs and laboratory results:

A. Clinical Status:

- 1) **Recurrent or intractable infections** such as pneumonia, sepsis or upper urinary tract
- 2) **Progressive inanition (debilitation)** as documented by:
 - a) **Weight loss not** due to reversible causes such as depression or use of diuretics
 - b) Decreasing anthropomorphic measurements, not due to reversible causes such as depression or use of diuretics
 - c) Decreasing serum albumin

or

 Decreasing serum cholesterol
- 3) **Dysphagia** leading to recurrent aspiration and/or inadequate oral intake documented by decreasing food portion consumption

B. Symptoms:

- 1) **Dyspnea** with increasing respiratory rate
- 2) **Cough**, intractable
- 3) **Nausea/vomiting** poorly responsive to treatment
- 4) **Diarrhea**, intractable
- 5) **Pain** requiring increasing doses of major analgesics more than briefly

C. Signs:

- 1) **Decline in systolic BP** to below 90 mmHg or **Progressive postural hypotension**
- 2) **Ascites**
- 3) **Venous, arterial or lymphatic obstruction** due to local progression or metastatic disease
- 4) **Edema**
- 5) **Pleural/pericardial effusion**
- 6) **Weakness**
- 7) **Change in level of consciousness**

D. Laboratory (when available – lab testing is not required to establish hospice eligibility)

- 1) **Increasing pCO₂ or decreasing pO₂ or decreasing SaO₂**
 - 2) **Increasing calcium, creatinine or liver function studies**
 - 3) **Increasing tumor markers** (e.g., CEA, PSA)
 - 4) **Progressively decreasing or increasing serum sodium or increasing serum potassium**
- 2) **Decline in Karnofsky Performance Status (KPS) or Palliative Performance Score (PPS)** from $\leq 70\%$ due to progression of disease
 - 3) **Increasing emergency room visits, hospitalizations, or physician's visits** related to hospice primary diagnosis
 - 4) **Progressive decline in Functional Assessment Staging (FAST)** for dementia (from $\geq 7A$ on the FAST)
 - 5) **Progression to dependence on assistance with additional ADLs (two (2) or more):**

<input type="checkbox"/> Feeding	<input type="checkbox"/> Ambulation	<input type="checkbox"/> Continence
<input type="checkbox"/> Transfer	<input type="checkbox"/> Bathing	<input type="checkbox"/> Dressing
 - 6) **Progressive stage 3-4 pressure ulcers** in spite of optimal care

These determinants and indicators reflect the criteria sets established by the NHPCO Clinical Indicators (1996) and CAHABA (7/31/03) and are endorsed by Hospice of Marion County.

