



Hospice

and Palliative Care of Greensboro

Hospice Admission Criteria

For Cancer and Non-Cancer Diagnoses

Patients are eligible for hospice care when their physician determines the patient has a life expectancy of six months or less if the disease runs its normal course. This criteria is to be used as a guide and should not take the place of a physician's clinical judgement. Admission into hospice may still be appropriate for patients not meeting these specific criteria when the patient has comorbidities or rapid decline from two or more combined disease processes.

Need help in determining eligibility?

Please give us a call:

**Hospice and Palliative Care of Greensboro
Referral Center**

Phone: 336.621.7575

Fax: 336.478.2541

Accreditation

Hospice and Palliative Care of Greensboro (HPCG) is accredited by Accreditation Commission for Health Care, Inc. (ACHC).

Mission Statement

Hospice and Palliative Care of Greensboro (HPCG) enhances quality of life by providing expert interdisciplinary care, consultation, support and education for those affected by serious illness, death or grief.

Additional Services

Palliative Care Services offers consultations and is appropriate for the patient or family who may not be ready or eligible for hospice care. Additional services include Kids Path, Beacon Place, the Counseling and Education Center, We Honor Veterans and grief counseling for adults and children. For more information, call the Referral Center at 336.621.7575.

This book belongs to:

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Referrals

Guidelines for Data Gathering to Refer Your Patient to HPCG

1. Terminal diagnosis and related conditions, other significant diseases and medical conditions
2. What led to the referral: Recent or frequent hospitalizations, new symptoms or other recent changes
3. Functional Assessment: Current Palliative Performance Scale (PPS) and CHANGE of it in the last weeks/months (see opposite page); degree of Activity of Daily Living (ADL) assistance needed and any recent CHANGE; what abilities has the patient lost in the last weeks/months; falls, stiffness, weakness (focal or general); speech changes; dysphagia, diet, aspiration signs, drooling
4. Structural Assessment: Decubitus ulcers, degree; contractures and stiffness; wasting syndrome
5. Cognitive Assessment: Global mental function; memory, emotional or perceptual functions; expressive or receptive aphasia, integrative language functions
6. Nutritional Assessment: Current weight and weight CHANGE in the last weeks/month; Percent of oral intake; albumin or pre-albumin; dysphagia affecting caloric intake
7. Environmental Changes: New Durable Medical Equipment (DME)
8. Pertinent Treatment Plan: Total Parenteral Nutrition (TPN); tube feedings; Vacuum Assisted Closure (VAC) system; oral or IV Chemo; radiation (Completed _____ of _____ times); thoracentesis; paracentesis; surgical procedures; blood transfusions; imaging scans (MRI, PET, CT, etc.)
9. Uncontrolled symptoms that need immediate medication adjustments

Palliative Performance Scale (PPS)

PPS Level	Ambulation	Activity & Evidence of Disease	Self-Care	Intake	Conscious Level
100%	Full	Normal activity & work No evidence of disease	Full	Normal	Full
90%	Full	Normal activity & work Some evidence of disease	Full	Normal	Full
80%	Full	Normal activity with Effort Some evidence of disease	Full	Normal or reduced	Full
70%	Reduced	Unable Normal Job/Work Significant disease	Full	Normal or reduced	Full
60%	Reduced	Unable hobby/house work Significant disease	Occasional assistance necessary	Normal or reduced	Full or Confusion
50%	Mainly Sit/Lie	Unable to do any work Extensive disease	Considerable assistance required	Normal or reduced	Full or Confusion
40%	Mainly in Bed	Unable to do most activity Extensive disease	Mainly assistance	Normal or reduced	Full or Drowsy +/- Confusion
30%	Totally Bed Bound	Unable to do any activity Extensive disease	Total Care	Normal or reduced	Full or Drowsy +/- Confusion
20%	Totally Bed Bound	Unable to do any activity Extensive disease	Total Care	Minimal to sips	Full or Drowsy +/- Confusion
10%	Totally Bed Bound	Unable to do any activity Extensive disease	Total Care	Mouth care only	Drowsy or Coma +/- Confusion
0%	Death	-	-	-	-

The Palliative Performance Scale version 2 (PPSv2) tool is copyright to Victoria Hospice Society and replaces the first PPS published in 1996 [J Pall Care 9(4): 26-32].

Amyotrophic Lateral Sclerosis (ALS)

The patient meets at least one of the following (1 or 2):

1. Severely impaired breathing capacity with all of the following findings:
 - Dyspnea at rest
 - Vital capacity less than 30%
 - Requirement for supplemental oxygen at rest
 - The patient declines artificial ventilation

OR

2. Rapid disease progression with either a or b on opposite page:
Rapid disease progression as evidenced by all of the following in the preceding twelve (12) months:
 - Progression from independent ambulation to wheelchair or bed-bound status
 - Progression from normal to barely intelligible or unintelligible speech
 - Progression from normal to pureed diet
 - Progression from independence in most or all ADL to needing major assistance by caretaker in all ADLs

ALS

Amyotrophic Lateral Sclerosis (ALS)

- a. Severe nutritional impairment demonstrated by all of the following in the preceding twelve (12) months:
- Oral intake of nutrients and fluids insufficient to sustain life
 - Continuing weight loss
 - Dehydration or hypovolemia
 - Absence of artificial feeding methods

OR

- b. Life-threatening complications demonstrated by one (1) or more of the following in the preceding twelve (12) months:
- Recurrent aspiration pneumonia (with or without tube feeding)
 - Upper urinary tract infection (pyelonephritis)
 - Sepsis
 - Recurrent fever after antibiotic therapy
 - Stage 3 or Stage 4 decubitus ulcer(s)

In the absence of one or more of the above findings, rapid decline or comorbidities may also support eligibility for hospice care.

Aneurysm

MUST be present:

1. Diagnosis confirmed through radiology
2. Recent lab/diagnostic studies to support progression and/or presence of increasing aneurysm
3. The patient is not seeking surgery or is not a candidate for surgery
4. Medical management is no longer effective

Documentation that will lend supporting evidence of eligibility for hospice care:

5. Clinical signs and symptoms:
 - a. Lethargy, fatigue, weakness, dizziness, syncope
 - b. Nausea/vomiting
 - c. Dysphagia, anorexia
 - d. Cough, hoarseness, dyspnea
 - e. Pain (e.g. abdominal, low back or sub-sternal)

Aneurysm

Other factors that may support terminal status:

1. Sudden increase or decrease in blood pressure
 2. Jugular Venous Distention (JVD)
 3. Decreased urine output
 4. Edema of upper extremities
 5. Change in Level of Consciousness (LOC)
 6. Development of bruit/unequal pulses
 7. Presence of associated thrombus
 8. PPS* ≤ 50 (Specify):
-

*See page 5 for PPS.

Cancer

The patient has 1, 2, and 3:

1. Clinical findings of malignancy with widespread, aggressive or progressive disease as evidenced by increasing symptoms, worsening lab values and/or evidence of metastatic disease
2. Impaired performance status with a PPS* $\leq 70\%$

**See page 5 for PPS.*

3. Refuses further curative therapy or continues to decline despite definitive therapy. Decline is evidenced by:
 - Hypercalcemia ≥ 12
 - Cachexia or weight loss of 5% in the preceding three months
 - Recurrent disease after surgery/ radiation/ chemotherapy
 - Refusal to pursue additional curative or prolonging cancer treatment
 - Signs and symptoms of advanced disease (e.g. nausea, transfusions, malignant ascites or pleural effusion, etc.)

Cancer

The following information will be required:

1. Tissue diagnosis of malignancy

OR

2. Reasons why a tissue diagnosis is not available

In the absence of one or more of the above findings, rapid decline or comorbidities may also support eligibility for hospice care.

Cerebral Vascular Accident/ Stroke or Coma

The patient has both 1 and 2. Number 3 supports eligibility:

1. Poor functional status with PPS* \leq 40%
(unable to care for self)

* See page 5 for PPS.

AND

2. Poor nutritional status with inability to maintain sufficient fluid and calorie intake with either:
 - > 10% weight loss over the previous six (6) months
 - > 7.5% weight loss over the previous three (3) months
 - Serum albumin < 2.5 gm/dl
 - Current history of pulmonary aspiration without effective response to speech language pathology interventions to improve dysphagia and decrease aspiration events

Cerebral Vascular Accident/ Stroke or Coma

Supporting Documentation:

3. Coma (any etiology) with three (3) of the following on the third (3rd) day of coma:
 - Abnormal brain stem response
 - Absent verbal responses
 - Absent withdrawal response to pain
 - Serum creatinine >1.5 gm/dl

In the absence of one or more of these findings, rapid decline or comorbidities may also support eligibility for hospice care.

Dementia/Alzheimer's

The patient has both 1 and 2:

1. Stage 7c or beyond according to the Functional Assessment Staging Scale (FAST)* with all of the following:

**See Appendix 2 for FAST.*

- Inability to ambulate without assistance
- Inability to dress without assistance
- Urinary and fecal incontinence, intermittent or constant
- No consistent meaningful/reality-based verbal communication; stereotypical phrases or the ability to speak is limited to a few intelligible words

AND

2. Has had at least one (1) of the following conditions within the past twelve (12) months:
 - Aspiration pneumonia
 - Pyelonephritis or other upper urinary tract infection
 - Septicemia
 - Decubitus ulcers, multiple and/or stage 3-4

Dementia/Alzheimer's

- Fever, recurrent after antibiotics
- Inability to maintain sufficient fluid and caloric intake demonstrated by either of the following:
 - 10% weight loss during the previous six (6) months
 - Serum albumin < 2.5gm/dl

In the absence of one or more of these findings, rapid decline or comorbidities may also support eligibility for hospice care.

Heart Disease/Congestive Heart Failure (CHF)

The patient has 1 or 2 and 3. Number 4 supports eligibility:

1. Poor response to (or patient's choice is not to pursue) optimal treatment with diuretics, vasodilators and/or angiotensin converting enzyme (ACE) inhibitors

OR

2. The patient has angina pectoris at rest resistant to standard nitrate therapy and is not a candidate for invasive procedures and/or has declined revascularization procedures

AND

3. New York Heart Association (NYHA) Class IV* symptoms with both of the following:

**See Appendix 1 for NYHA Functional Classification.*

- The presence of significant symptoms of recurrent CHF and/or angina at rest
- Inability to carry out even minimal physical activity without symptoms of heart failure (dyspnea and/or angina)

Heart Disease/Congestive Heart Failure (CHF)

4. Documentation to support eligibility:

- Treatment resistant symptomatic dysrhythmias
- History of unexplained or cardiac related syncope
- CVA secondary to cardiac embolism
- History of cardiac arrest or resuscitation
- Hyponatremia (low serum sodium)

In the absence of one or more of these findings, rapid decline and comorbidities may also support eligibility for hospice care.

HIV Disease

The patient must have 1a or b, 2 and 3.
Number 4 gives supporting documentation:

1a. CD4 + Count < 25 cells mcl

OR

1b. Persistent viral load > 100,000 copies/ml
from two (2) or more assays at least one (1)
month apart

AND

2. At least one (1) of the following conditions:
- Central Nervous System (CNS) lymphoma
 - Untreated or refractory wasting (loss of > 33% lean body mass)
 - Mycobacterium avium complex (MAC) bacteremia, untreated, refractory or treatment refused
 - Progressive multifocal leukoencephalopathy
 - Systemic lymphoma
 - Refractory visceral Kaposi's sarcoma
 - Renal failure in the absence of dialysis

HIV Disease

- Refractory cryptosporidium infection
 - Refractory toxoplasmosis
3. PPS* of $\leq 50\%$ (requires considerable assistance and frequent medical care, activity limited mostly to bed or chair)

**See page 5 for PPS.*

4. Supporting factors: chronic persistent diarrhea for one (1) year, persistent serum albumin < 2.5 , concomitant active substance abuse, age > 50 , dementia, CHF at rest

In the absence of one or more of these findings, rapid decline and comorbidities may also support eligibility for hospice care.

Huntington's Disease

The patient has End Stage Huntington's Disease with both 1 and 2:

1. Stage VII or beyond according to the FAST* with all of the following:

**See Appendix 2 for FAST.*

- Inability to ambulate without assistance
- Inability to dress without assistance
- Urinary and fecal incontinence, intermittent or constant
- No consistent meaningful verbal communication

AND

2. Has had at least one (1) of the following conditions within the past twelve (12) months:
 - Aspiration pneumonia
 - Pyelonephritis or other upper urinary tract infection
 - Septicemia
 - Decubitus Ulcers, Multiple, Stage 3-4

Huntington's Disease

- Fever, recurrent after antibiotics
- Inability to maintain sufficient fluid and caloric intake with one (1) or more of the following during the preceding twelve (12) months:
 - a. 10% weight loss during the previous six (6) months
 - b. A serum albumin $< 2.5\text{gm/dl}$
 - c. Significant dysphagia with associated aspiration measured objectively (e.g. swallowing test or a history of choking or gagging with feeding)

In the absence of one or more of these findings, rapid decline or comorbidities may also support eligibility for hospice care.

Liver Disease

The patient has both 1 and 2. Number 3 adds support for hospice care:

1. Synthetic failure as demonstrated by **a or b and c:**

- a. Prothrombin time (PTT) prolonged more than 5 seconds over control

OR

- b. International Normalized Ratio (INR) > 1.5

AND

- c. Serum albumin < 2.5gm/dl

AND

2. End-stage liver disease is present, and the patient has one (1) or more of the following conditions:

- Ascites, refractory to treatment or patient declines or is non-compliant
- History of spontaneous bacterial peritonitis
- Hepatorenal syndrome (elevated creatinine with oliguria [< 400 ml/day])

Liver Disease

- Hepatic encephalopathy, refractory to treatment or patient non-compliant
 - History of recurrent variceal bleeding despite intensive therapy or patient declines sclerosing therapy
3. Supporting conditions include: progressive malnutrition, muscle wasting with reduced strength, ongoing alcoholism (> 80 gm ethanol/day), hepatocellular carcinoma, Hepatitis B surface antigen positive, Hepatitis C refractory to interferon treatment

In the absence of one or more of these findings, rapid decline or comorbidities may also support eligibility for hospice care.

Lung Disease/Chronic Obstructive Pulmonary Disease (COPD)

The patient has severe chronic lung disease as documented by 1, 2 and 3. Supporting data is provided by 4:

1. Disabling dyspnea at rest
 - a. Poor response to bronchodilators
 - b. Decreased functional capacity (e.g., bed to chair existence, fatigue and cough)
 - An FEV1 < 30% is objective evidence for disabling dyspnea but is not required

AND

2. Progression of disease as evidenced by a recent history of increasing visits to physician office, home or emergency room and/or hospitalizations for pulmonary infections and/or respiratory failure

AND

Lung/COPD

Lung Disease/Chronic Obstructive Pulmonary Disease (COPD)

3. Documentation within the past three (3) months of a or b or both:
 - a. Hypoxemia at rest ($pO_2 \leq 55$ mgHg by ABG) or oxygen saturation $\leq 88\%$
 - b. Hypercapnia evidenced by $pCO_2 \geq 50$ mm Hg
4. Supporting conditions include:
Cor pulmonale and right heart failure secondary to pulmonary disease, unintentional progressive weight loss $> 10\%$ over the preceding six months, resting tachycardia > 100 bpm

In the absence of one or more of these findings, rapid decline or comorbidities may also support eligibility for hospice care.

Multiple Sclerosis

The patient must meet at least one of the following criteria (1 or 2):

1. Severely impaired breathing capacity with all of the following findings:
 - Dyspnea at rest
 - Vital capacity less than 30%
 - The requirement of supplemental oxygen at rest
 - The patient declines artificial ventilation

OR

2. Rapid disease progression and **either a or b below:**
Rapid disease progression as evidenced by all of the following in the preceding twelve (12) months:
 - Progression from independent ambulation to wheelchair or bed-bound status
 - Progression from normal to barely intelligible or unintelligible speech
 - Progression from normal to pureed diet
 - Progression from independence in most or all ADLs to needing major assistance by caretaker in all ADLs

Multiple Sclerosis

AND

- a. Severe nutritional impairment demonstrated by all of the following in the preceding twelve (12) months:
- Oral intake of nutrients and fluids insufficient to sustain life
 - Continuing weight loss
 - Dehydration or hypovolemia
 - Absence of artificial feeding

OR

- b. Life-threatening complications demonstrated by one (1) or more of the following in the preceding twelve (12) months:
- Recurrent aspiration pneumonia (with or without tube feedings)
 - Upper urinary tract infections (e.g., pyelonephritis)
 - Sepsis
 - Recurrent fever after antibiotic therapy
 - Stage 3 or 4 decubitus ulcer(s)

In the absence of one or more findings, rapid decline or comorbidities may also support eligibility for hospice care.

Muscular Dystrophy

The patient must meet at least one of the following criteria (1 or 2):

1. Severely impaired breathing capacity with all of the following findings:
 - Dyspnea at rest
 - Vital capacity less than 30%
 - The requirement of supplemental oxygen at rest
 - The patient declines artificial ventilation

OR

2. Rapid disease progression and **either a or b below:**

Rapid disease progression as evidenced by all of the following in the preceding twelve (12) months:

- Progression from independent ambulation to wheelchair or bed-bound status
- Progression from normal to barely intelligible or unintelligible speech
- Progression from normal to pureed diet
- Progression from independence in most or all ADL to needing major assistance by caretaker in all ADLs

Muscular Dystrophy

AND

- a. Severe nutritional impairment demonstrated by all of the following:
- Oral intake of nutrients and fluids insufficient to sustain life
 - Continuing weight loss
 - Dehydration or hypovolemia
 - Absence of artificial feeding methods

OR

- b. Life-threatening complications demonstrated by one (1) or more of the following in the preceding twelve (12) months:
- Recurrent aspiration pneumonia (with or without tube feedings)
 - Upper urinary tract infection (e.g., pyelonephritis)
 - Sepsis
 - Recurrent fever after antibiotic therapy
 - Stage 3 or 4 decubitus ulcer(s)

In the absence of one or more of these findings, rapid decline or comorbidities may also support eligibility for hospice care.

Myasthenia Gravis

The patient must meet at least one of the following criteria (1 or 2):

1. Severely impaired breathing capacity with all of the following findings:
 - Dyspnea at rest
 - Vital capacity less than 30%
 - The requirement of supplemental oxygen at rest
 - The patient declines artificial ventilation

OR

2. Rapid disease progression and **either a or b below:**

Rapid disease progression as evidenced by all of the following in the preceding twelve (12) months:

- Progression from independent ambulation to wheelchair or bed-bound status
- Progression from normal to barely intelligible or unintelligible speech
- Progression from normal to pureed diet
- Progression from independence in most or all ADLs to needing major assistance by caretaker in all ADLs

Myasthenia Gravis

AND

- a. Severe nutritional impairment demonstrated by all of the following in the preceding twelve (12) months:
- Oral intake of nutrients and fluids insufficient to sustain life
 - Continuing weight loss
 - Dehydration or hypovolemia
 - Absence of artificial feeding methods

OR

- b. Life-threatening complications demonstrated by one (1) or more of the following in the preceding twelve (12) months:
- Recurrent aspiration pneumonia (with or without tube feedings)
 - Upper urinary tract infection (e.g., pyelonephritis)
 - Sepsis
 - Recurrent fever after antibiotic therapy
 - Stage 3 or Stage 4 decubitus ulcer(s)

In the absence of one or more of these findings, rapid decline or comorbidities may also support eligibility for hospice care.

Parkinson's Disease

The patient must meet at least one of the following criteria (1 or 2):

1. Severely impaired breathing capacity with all of the following findings:
 - Dyspnea at rest
 - Vital capacity < 30%
 - The requirement of supplemental oxygen at rest
 - The patient declines artificial ventilation

OR

2. Rapid disease progression and **either a or b below:**

Rapid disease progression as evidenced by all of the following in the preceding twelve (12) months:

- Progression from independent ambulation to wheelchair or bed-bound status
- Progression from normal to barely intelligible or unintelligible speech
- Progression from normal to pureed diet
- Progression from independence in most or all ADLs to needing major assistance by caretaker in ADLs

Parkinson's Disease

AND

- a. Severe nutritional impairment demonstrated by all of the following in the preceding twelve (12) months:
- Oral intake of nutrients and fluids insufficient to sustain life
 - Continuing weight loss
 - Dehydration or hypovolemia
 - Absence of artificial feeding methods

OR

- b. Life-threatening complications demonstrated by one (1) or more of the following in the preceding twelve (12) months:
- Recurrent aspiration pneumonia (with or without tube feedings)
 - Upper urinary tract infection (e.g. pyelonephritis)
 - Sepsis
 - Recurrent fever after antibiotic therapy
 - Stage 3 or Stage 4 decubitus ulcer(s)

In the absence of one or more of these findings, rapid decline or comorbidities may also support eligibility for hospice care.

Renal Failure Acute

The patient has 1 and either 2 or 3.
Number 4 supports hospice eligibility:

1. The patient is not seeking daily dialysis or transplant

AND

2. Creatinine clearance* < 10cc/min <<15cc/min for diabetics)

*Creatinine Clearance Calculation:

$$\frac{(140 - \text{age in years}) \times (\text{weight in Kg})}{72 \times (\text{serum creatinine in mg/dl})}$$

multiply by 0.85 for women

OR

3. Serum creatine > 8.0mg/dl (> 6.0mg/dl for diabetics)
4. Supporting evidence:
 - Albumin < 3.5gm/dl
 - Platelet count < 25,000
 - Mechanical ventilation
 - Malignancy (other organ system)
 - Chronic lung disease
 - Advanced cardiac disease

Renal Failure Acute

- Sepsis
- Gastrointestinal bleeding
- Immunosuppression/AIDS
- Cachexia
- Disseminated intravascular coagulation
- Advanced liver disease

In the absence of one or more of these findings, rapid decline or comorbidities may also support eligibility for hospice care.

Renal Failure Chronic

The patient has 1 and either 2 or 3.
Number 4 supports hospice eligibility:

1. The patient is not seeking dialysis or transplant

AND

2. Creatinine clearance* <10cc/min <<15cc/min for diabetics)

*Creatinine Clearance Calculation

$$\frac{(140 - \text{age in years}) \times (\text{weight in Kg})}{\div 72 \times (\text{serum creatinine in mg/dl})}$$

multiply by 0.85 for women

OR

3. Serum creatinine > 8.0mg/dl (> 6.0mg/dl for diabetics)
4. Supporting evidence:
 - Uremia
 - Oliguria (urine output is less than 400cc in 24 hours)
 - Intractable hyperkalemia (greater than 7.0) not responsive to treatment

Renal Failure Chronic

- Uremic pericarditis
- Hepatorenal syndrome
- Immunosuppression/AIDS
- Intractable fluid overload, not responsive to treatment

In the absence of one or more of these findings, rapid decline, or comorbidities may also support eligibility for hospice care.

Septicemia

Septicemia

MUST be present:

1. Fever may be present
2. Temperature greater than 101° or less than 97°
3. Tachycardia
4. Tachypnea
5. Cool, clammy skin
6. Peripheral cyanosis
7. Hypotension
8. Decreased urine output
9. Poor perfusion as evidenced by:
 - a. Cyanosis of extremities, or
 - b. Poor capillary refill
10. Decreased mental status
11. No antimicrobial agents being given related to sepsis
12. Source/site of infection (Specify):

Septicemia

Documentation that will lend supporting evidence of eligibility for hospice care:

1. Signs of decline:
 - a. Tendency to bleed: ecchymosis, petechiae, nosebleed, bleeding gums, bleeding of conjunctival or sclerae
 - b. Acrocyanosis – cold mottled fingers and toes
 - c. Hemoptysis
 - d. Kidney failure – decreased volume and/or hematuria
2. Site or origin of septicemia – blood borne, wounds, osteomyelitis, pulmonary or urinary tract

Other factors that may support terminal status:

PPS* \leq 40 (Specify):

*See page 5 for PPS.

Appendix 1

New York Heart Association(NYHA)

Functional Classification (Class and Description)

- I. Patients with cardiac disease, but without resulting limitation of physical activity. Ordinary physical activity does not cause undue fatigue, dyspnea, palpitations or anginal pain.
- II. Patients with cardiac disease resulting in slight limitation of physical activity. They are comfortable at rest. Ordinary physical activity results in fatigue, dyspnea, palpitations or anginal pain.
- III. Patients with marked limitations of physical activity. They are comfortable at rest. Less than ordinary physical activity causes fatigue, palpitations, dyspnea or anginal pain.
- IV. Patients with cardiac disease resulting in inability to carry on any physical activity without discomfort. Symptoms of heart failure or of the anginal syndrome may be present even at rest. If any physical activity is undertaken, discomfort is increased.

Appendix 2

Functional Assessment Staging (FAST)

Check highest consecutive level of disability:

- 1. No difficulty either subjectively or objectively.
- 2. Complains of forgetting the location of objects. Subjective work difficulties.
- 3. Decreased job functioning evident to co-workers. Difficulty in traveling to new locations. Decreased organizational capacity.*
- 4. Decreased ability to perform complex tasks, e.g., planning dinner for guests, handling personal finances (such as forgetting to pay bills), difficulty marketing, etc.*
- 5. Requires assistance in choosing proper clothing to wear for the day, season or occasion, e.g., patient may wear the same clothing repeatedly unless supervised.*
- 6. Improperly putting on clothes without assistance or cueing (e.g., may put street clothes on over night clothes, or put shoes on the wrong feet or have difficulty buttoning clothing) occasionally or more frequently over the past weeks.*
 - a. Unable to bathe properly (e.g., difficulty adjusting the bath-water temperature) occasionally or more frequently over the past weeks.*
 - b. Inability to handle mechanisms of toileting (e.g. forgets to flush the toilet, does not wipe properly or properly dispose of toilet tissue) occasionally or more frequently over the past weeks.*

Appendix 2 (cont'd)

- 6. (continued)
 - c. Urinary incontinence (occasionally or more frequently over the past weeks).*
 - d. Fecal incontinence (occasionally or more frequently over the past weeks).*
- 7. Ability to speak limited to approximately a half a dozen intelligible different words or fewer, in the course of an average day or in the course of an intensive interview.
 - a. Speech ability is limited to the use of a single intelligible word in an average day or in the course of an intensive interview (the person may repeat the word over and over).
 - b. Ambulatory ability is lost (cannot walk without personal assistance).
 - c. Cannot sit up without assistance (e.g. the individual will fall over if there are not lateral rests [arms] on the chair).
 - d. Loss of ability to smile.
 - e. Loss of ability to hold head up independently.

**Scored primarily on the basis of information obtained from knowledgeable information and/or category.*

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Other Resources:

National Hospice and Palliative Care Organization (NHPCO)
Center for Medicare and Medicaid Services (CMS)

Developed By:

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This book is provided as a service of Hospice and Palliative Care of Greensboro (HPCG), the community-based nonprofit serving Guilford County and surrounding areas since 1980 in addressing the issues of serious illness, death and grief. Content is based upon 2016 data.



Hospice

and Palliative Care of Greensboro

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