

**WORKSHEET  
FOR DETERMINING PROGNOSIS**

**General Guidelines - All Diagnoses**

*The purpose of this worksheet is to guide initial and recertification assessments. It must be accompanied by narrative documentation. These are guidelines only: clinical judgment is required in each case. Construct a narrative from the information on this worksheet and information from the patient's physician and record on back. The patient should be re-evaluated at specific intervals set by the interdisciplinary team and within 60 days of clinical stabilization. This form may be used for initial and subsequent re-evaluation.*

Pt. Name: \_\_\_\_\_ ID#: \_\_\_\_\_ Date: \_\_\_\_\_

The patient should meet the following criteria:

1. Life limiting condition.....  Yes  No
2. Pt/family informed condition is life limiting.....  Yes  No
3. Pt/family elected palliative care .....  Yes  No
4. Documentation of clinical progression of disease .....  Yes  No

Evidenced by (*check all that apply and secure copies of documentation for hospice record*):

- \_\_\_ serial physician assessment
- \_\_\_ laboratory studies
- \_\_\_ radiologic or other studies
- \_\_\_ multiple Emergency Dept. visits
- \_\_\_ inpatient hospitalizations
- \_\_\_ home health nursing assessment if patient homebound

**and/or**

5. Recent decline in functional status .....  Yes  No

Evidenced by either:

- A. Karnofsky Performance Status  $\leq$  50% .....  Yes  No

*Check level:*

- \_\_\_ 50% Requires considerable assistance and frequent medical care
- \_\_\_ 40% Disabled; requires special care and assistance  
Unable to care for self; disease may be progressing rapidly
- \_\_\_ 30% Severely disabled; although death is not imminent
- \_\_\_ 20% Very sick; active supportive treatment necessary
- \_\_\_ 10% Moribund; fatal processes progressing rapidly

**and/or**

- B. Dependence in 3 of 6 Activities of Daily Living .....  Yes  No

*Check activities in which patient is dependent:*

- \_\_\_ bathing
- \_\_\_ dressing
- \_\_\_ feeding
- \_\_\_ transfers
- \_\_\_ continence of urine and stool
- \_\_\_ ambulation to bathroom

**and/or**

6. Recent impaired nutritional status .....  Yes  No

Evidenced by (*check all appropriate*):

- \_\_\_ unintentional, progressive weight loss of 10% over past six months
- \_\_\_ serum albumin less than 2.5 gm/dl (may be helpful prognostic indicator but should not be used by itself)

(over)

## NARRATIVE SUMMARY OF PROGNOSIS DOCUMENTATION

*Documentation should be complete, consistent, concise, specific, measurable, and descriptive.*

Diagnosis: Present underlying illness(es) and all other illness(es) affecting the terminal diagnosis:

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Co-morbidity that affects the prognosis: \_\_\_\_\_

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History and progression of the illness(es): \_\_\_\_\_

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Physical baseline (e.g., weight and weight change, vital signs, heart rhythms, rales, degree of edema):

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Laboratory (if pertinent): \_\_\_\_\_

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Physician's prognosis stating why there is a life expectancy of 6 months or less (e.g., Patient depressed, will not eat and does not want anything done, or has had optimal therapy for illness.):

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\_\_\_\_\_  
RN Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician signature

\_\_\_\_\_  
Date