

# WORKSHEET FOR DETERMINING PROGNOSIS

## Heart Disease

*The purpose of this worksheet is to guide initial and recertification assessments. It must be accompanied by narrative documentation. These are guidelines only: clinical judgement 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: \_\_\_\_\_

1. Does the patient have symptoms and signs of congestive heart failure at rest? .....  Yes  No  
*Check all that apply.*

Symptoms	Signs
<ul style="list-style-type: none"> <li>___ dyspnea at rest: "short winded", "Can't breathe"</li> <li>___ dyspnea on exertion: "Can't breathe with exercise"</li> <li>___ orthopnea: "Can't breathe lying down"</li> <li>___ paroxysmal nocturnal dyspnea (PND): "Waking up at night short of breath"</li> <li>___ edema "Swollen ankles, legs"</li> <li>___ syncope</li> <li>___ weakness</li> <li>___ chest pain</li> </ul>	<ul style="list-style-type: none"> <li>___ diaphoresis: sweating</li> <li>___ cachexia: profound weight loss</li> <li>___ jugulovenous distension (JVD)</li> <li>___ neck veins distended above clavicle</li> <li>___ rales: wet crackles in lungs heard on inspiration</li> <li>___ gallop rhythm: S3, S4</li> <li>___ liver enlargement</li> <li>___ edema, pitting edema</li> </ul>

2. Has the physician verified that the patient is on optimal diuretic and vasodilator therapy? .....  Yes  No  
Diuretics (patient should be on optimal dose of one of the following). *Check all that apply:*

- |  |                               |
|--|-------------------------------|
| ___ Furosemide (Lasix)                               | ___ Ethacrynic Acid (Edecrin) |
| ___ Bumetanide (Bumex)                               | ___ Torsemide (Demedex)       |
| ___ Metolazone (Zarloxlyn, Mykrox)                   |                               |
| (may be combined with the above, but not used alone) |                               |

- Vasodilators (patient should be on optimal dose of one of the following). *Check all that apply:*

- A. Nitrates (e.g., Nitro patch, Isosorbide) plus Hydralazine \_\_\_\_\_
- B. Apresoline Angiotensin Converting Enzyme (ACE) Inhibitor:
- |                           |                                   |
|---------------------------|-----------------------------------|
| ___ Benazepril (Lotensin) | ___ Lisinopril (Prinvil, Zestril) |
| ___ Captopril (Capoten)   | ___ Quinapril (Accupril)          |
| ___ Enalapril (Vasotec)   | ___ Ramipril (Altace)             |
| ___ Fosinopril (Monopril) |                                   |

3. Does patient have ejection fraction of  $\leq 20\%$  (only if test results available)? .....  Yes  No
4. The following factors are further indications of decreased survival time. *Check all that apply:*
- \_\_\_ symptomatic supraventricular or ventricular arrhythmias resistant to antiarrhythmic therapy
  - \_\_\_ history of cardiac arrest and resuscitation in any setting
  - \_\_\_ history of syncope of any cause, cardiac or otherwise
  - \_\_\_ cardiogenic brain embolism, i.e. embolic CVA of cardiac origin
  - \_\_\_ concomitant HIV disease

(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: \_\_\_\_\_

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

# 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)

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date