WORKSHEET
FOR DETERMINING PROGNOSIS

Liver 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: _____

The following factors have been shown to correlate with poor short-term survival in advanced cirrhosis of the liver due to alcoholism, hepatitis, or uncertain causes (cryptogenic). Their effects are additive, i.e., prognosis worsens with the additional of each one and clinical judgement is vital. The following factors should be followed and reviewed over time.

1. ____ Patient is not a candidate for liver transplantation
2. Laboratory indicators of severely impaired liver function should show ***both*** of the following:
   - ____ Prothrombin time prolonged more than 5 sec. over control
   - ____ Serum albumin < 2.5 gm/dl
3. Clinical indictors of end-stage liver disease (patient should show at least one of the following):
   - ____ Ascites
     - ____ refractory to sodium restriction and diuretics: spironolactone 75-150 mg/day plus furosemide > 40 ..... mg/day
     - ____ patient non-compliant
   - ____ Spontaneous bacterial peritonitis (median survival 30% at one year; high mortality even when infection cured initially if liver disease is severe or accompanied by renal disease.)
   - ____ Hepatorenal syndrome (usually occurs during hospitalization; survival generally days to weeks)
     - ____ patient has cirrhosis and ascites
     - ____ elevated creatinine and BUN
     - ____ oliguira 400 ml/da
     - ____ urine sodium concentration < 10 mEq/l
   - ____ Hepatic encephalopathy,
     - ____ refractory to protein restriction and lactulose or neomycin
     - ____ patient non-compliant

Sypmtoms	Signs
____ decreased awareness of environment ____ sleep disturbance ____ depression ____ emotional lability ____ somnolence ____ slurred speech ____ obtundation	____ flapping tremor of asterixis (in earlier stages) ____ stupor (late-stage) ____ coma (late-stage)

   - ____ Recurrent variceal bleeding: patient should have re-bled despite therapy which currently includes:
     - ____ injection sclerotherapy or band ligation, if available
     - ____ oral beta blockers
     - ____ transjugular intrahepatic portosystemic shunt (TIPS)
     - ____ patient refused further therapy
4. The following factors have been shown to worsen prognosis and should be documented if present:
   - ____ progressive malnutrition
   - ____ muscle wasting with reduced strength and endurance
   - ____ continued active alcoholism (> 80 g ethanol per day)
   - ____ hepatocellular carcinoma
   - ____ HBsAg positivity

(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:

Co-morbidity that affects the prognosis:

History and progression of the illness(es):

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

Laboratory (if pertinent):

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.):

RN Signature Date

Physician signature Date

WORKSHEET
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General Guidelines - All Diagnoses

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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 ≤ 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