

WORKSHEET FOR DETERMINING PROGNOSIS

Pulmonary 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-evaluations.

Pt. Name: _____ ID#: _____ Date: _____

Patient has severe lung disease Yes No
Evidenced by (check all that apply):

Symptoms	Signs
<p>___ dyspnea at rest</p> <p>___ dyspnea on exertion</p> <p>___ housebound, chairbound</p> <p>___ oxygen-dependent</p> <p>___ copious/purulent sputum</p> <p>___ recurrent infections</p> <p>___ severe cough</p>	<p>___ cyanosis: blue lips, fingertips</p> <p>___ pulmonary hyperinflation: barrel-chested</p> <p>___ pursed-lip breathing</p> <p>___ accessory muscles of respiration</p> <p>___ retractions: supraclavicular</p> <p>___ increased expiratory phase: slowed forced expiration</p> <p>___ wheezing</p> <p>___ diminished breath sounds</p> <p>___ depressed diaphragm</p>

- ___ poor response to bronchodilators
- ___ forced expiratory volume in one second (FEV1) after bronchodilator, less than 30% of predicted*
- ___ increased visits to Emergency Department
- ___ increased hospitalizations for pulmonary infections/respiratory failure
- ___ decrease in FEV1 on serial testing of greater than 40 ml per year*
- ___ presence of cor pulmonale or right heart failure due to lung disease evidenced by:
 - ___ echocardiographic documentation*
 - ___ EKG*
 - ___ chest x-ray*
 - ___ physical signs of RHF
- ___ hypoxemic at rest on supplemental oxygen
 - ___ pO₂ , ≤ 55 mm Hg on supplemental O₂
 - ___ O₂ saturation ≤ 88% on supplemental O₂
- ___ hypercapnia (pCO₂ ≥ 50 mm Hg)
- ___ unintentional weight loss > 10% of body weight in past six months
- ___ resting tachycardia (heart rate > 100 per minute)

* These tests are helpful evidence but should not be required if not readily available.

**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
FOR DETERMINING PROGNOSIS**

General Guidelines - All Diagnoses

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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)

