

WORKSHEET FOR DETERMINING PROGNOSIS

Stroke and Coma

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: _____

After stroke, patients who do not die during the acute hospitalization tend to stabilize with supportive care only. Continuous decline in clinical or functional status over time means that the patient's prognosis is poor.

1. **Acute phase patients.** Immediately following a hemorrhagic or ischemic stroke, any of the following are strong indicators of early mortality:
 - ___ Coma or persistent vegetative state secondary to stroke, beyond three days' duration
 - ___ In post-anoxic stroke, coma or severe obtundation, accompanied by severe myoclonus, persistent beyond 3 days past the anoxic event
 - ___ Comatose patients with any 4 of the following on day 3 of coma had 97% mortality by two months:
 - ___ abnormal brain stem response
 - ___ absent verbal response
 - ___ absent withdrawal response to pain
 - ___ serum creatinine >1.5mg/dl
 - ___ age > 70
 - ___ Dysphagia severe enough to prevent the patient from receiving food and fluids necessary to sustain life, in a patient who declines or is not a candidate for artificial nutrition and hydration
 - ___ *If available*, CT or MRI scans may indicate decreased likelihood of survival (see Appendix V for list)

2. **Chronic phase patients.** The following clinical factors may correlate with poor survival and should be documented.
 - ___ Age > 70
 - ___ Poor functional status as evidenced by Karnofsky score of < 50%
 - ___ 50% Requires considerable assistance and frequent medical care
 - ___ 40% Disabled; requires special care and assistance; unable to care for self; requires equivalent of institutional or hospital care; disease may be progressing rapidly
 - ___ 30% Severely disabled; hospital admission is indicated although death is not imminent
 - ___ 20% Very sick; hospital admission necessary; active supportive treatment necessary
 - ___ 10% Moribund; fatal processes progressing rapidly
 - ___ Post stroke dementia as evidenced by a FAST score greater than 7
 - ___ 7A Ability to speak is limited to approximately 6 intelligible words or fewer, in the course of an average day or in the course of an intensive interview
 - ___ 7B 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)
 - ___ 7C Ambulatory ability is lost (cannot walk without personal assistance)
 - ___ 7D Cannot sit up without assistance (e.g., patient will fall over if there are not lateral rests (arms on the chair)
 - ___ 7E Loss of ability to smile
 - ___ 7F Loss of ability to hold up head independently
 - ___ Poor nutritional status, whether on artificial nutrition or not:
 - ___ unintentional progressive weight loss of greater than 10% over prior six months
 - ___ serum albumin less than 2.5 gm/dl (may be helpful prognostic indicator but should not be used by itself)
 - ___ Medical complications related to debility and progress clinical decline
 - ___ aspiration pneumonia
 - ___ upper urinary tract infection (pyelonephritis)
 - ___ sepsis
 - ___ refractory stage 3-4 decubitus ulcers
 - ___ fever recurrent after antibiotics

**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)

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Laboratory (if pertinent): _____

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RN Signature

Date

Physician signature

Date