Disease Specific Indicators of Prognosis
For Acceptance to House
Developed from National Hospice & Palliative Care Organization Guidelines

Acute Stroke/Coma
- Coma or persistent vegetative state for 3 days or more
- Myoclonus persistent after 3 days beyond the event
- Dysphagia severe enough to prevent the ability to sustain life
- Comatose patients with any 4 of the following (3 days after the initial event)
  - abnormal brain stem response
  - serum creatinine > 1.5mg/dl
  - absent verbal response
  - absent withdrawal response to pain
  - Age > 70

Chronic Stroke/Coma
- Age > 70
- Poor functional status (Karnofsky <40%) over period of 3 - 4 months
- Poor nutritional status, with progressive weight loss
- Frequent medical complications over period of 3-4 months
- serum albumin < 2.5gm/dl

Liver Disease
- Consistent poor lab results or recent severe results (Prothrombin > 5 sec, serum albumin <2.5gm.dl)
- Malnutrition, muscle wasting, active alcoholism, HBsAG +, hepatocellular carcinoma
- Hepatic encephalopathy, persistent with treatment somnolence, stupor, obtunded, coma
- Ascites
- Peritonitis
- Recurrent variceal bleeding persistent with treatment
- Hepatorenal syndrome cirrhosis and ascites elevated creatinine, BUN oliguria (400ml/d) urine sodium concentration <10mEq/l

Amyotrophic Lateral Sclerosis (ALS)
- Rapid progression of illness over last 10 months
- from normal to barely intelligible or unintelligible speech
- Critically impaired ventilatory capacity (significant dyspnea at rest, supplemental O2 needed at rest)
(Cont) Amyotrophic Lateral Sclerosis (ALS)

- Critical nutritional impairment (artificial feeding discontinued, continued weight loss, dehydration, hypovolemia)
- Complications (recurrent aspiration pneumonia, decubitus ulcers, pyelonephritis, sepsis, recurrent fever after tx)

HIV

- CD4+ count <25 cells/mc/L (measured during period relatively free of acute illness; and continued disease progression)
- Viral load < 100,000 copies/ml and: choses no further tx, functional status is declining,

- Complications present
  - CNS lymphoma
  - Progressive multifocal leukoencephalopathy
  - Cryptosporidiosis
  - Wasting
  - MAC bacteremia, untreated
  - Visceral Kaposi’s sarcoma
  - Renal failure (refuses/fails dialysis)
  - AIDS dementia complex
  - Toxoplasmosis

- usual life expectancy
  - 2.5 months
  - 4 months
  - 5 months
  - < 6 months
  - < 6 months
  - 6 months mortality 50%

- onset for admission to HH
  - within last 3 weeks
  - within last 2.5 months
  - within last 3.5 months
  - within last 4.5 months

- Presence of other factors:
  - chronic persistent diarrhea (for 1 year)
  - persistent serum albumin <2.5gm/dl
  - concomitant substance abuse

- choice to stop treatment
  - CHF
  - age > 50

Dementia

- Loss of ability to smile, hold up head independently
- Complications present during the last year:
  - aspiration pneumonia
  - septicemia
  - upper UTI
  - decubitus ulcers
  - fever recurrent after antibiotics
  - inability/unwillingness to take food/fluids sufficient to sustain life
Pulmonary Disease

History of the following signs/symptoms over the last 6 months (at least)

- wheezing
- cyanosis
- severe cough
- recurrent infections
- oxygen dependent

- pulmonary hyperinflation (barrel-chest)
- copious/purulent sputum
- pursed-lip breathing
- accessory muscles of respiration
- supraclavicular retractions

- dyspnea at rest and with minimal exertion
- diminished breath sounds
- depressed diaphragm
- increased expiratory phase

- Over the last 6 months, increased ER visits, hospitalizations for pulmonary infections/respiratory failure, and weight loss >10% of body weight, consistent resting tachycardia (>100/min)
- Presence of cor pulmonale or right heart failure due to lung disease
- Hypoxemic at rest with supplemental O2 (saturation <88%)

Renal Disease

Lab values for renal failure

- Creatinine clearance <10ml/min (<15 if diabetic)
- Serum creatinine >8mg/dl (<6mg/dl if diabetic)

- Discontinued/refused dialysis
- Intractable fluid overload
- Persistent hyperkalemia (>7 with tx)

- Uremia (confusion, obtundation, intractable n/v, pruritis, restless legs)
- Oliguria (<400ml/day)
- Hepatorenal syndrome

- Uremic pericarditis

Complications present

- mechanical ventilation
- malignancy - other organs
- chronic lung disease
- gastrointestinal bleeding
- disseminated intravascular coagulation

- advanced cardiac disease
- advanced liver disease
- sepsis

- immunosuppression/AIDS
- albumin <3.4gm/dl
- cachexia

- platelet count <25,000

- age > 75
Heart Disease

History of the following signs/symptoms over the last 6 months (at least)

- [ ] dyspnea at rest
- [ ] paroxysmal nocturnal dyspnea
- [ ] rales
- [ ] dyspnea with exertion
- [ ] diaphoresis
- [ ] gallop rhythm
- [ ] orthopnea
- [ ] cachexia
- [ ] liver enlargement
- [ ] edema
- [ ] JVD
- [ ] chest pain
- [ ] neck veins distended above clavicle

☐ Over the last 6 months, optimal use of diuretics, with continued symptoms
  (furosemide, bumetanide, ethacrynic acid, torsemide, metolazone)

☐ Over the last 6 months, optimal use of vasodilators, with continued symptoms
  (nitrates, hydralazine, benazepril, captopril, enalapril, fosinopril, lisinopril, quinapril, ramipril)

☐ Complications present

- [ ] history of symptomatic arrhythmias resistant to therapy
- [ ] history of syncope
- [ ] history of cardiac arrest and resuscitation
- [ ] concomitant HIV disease
- [ ] cardiogenic brain embolism (i.e. embolic CVA of cardiac origin)