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Medical Guidelines for Determining Appropriate for Hospice

Amyotrophic Lateral Sclerosis (ALS)

Patient Name: _____

Date: _____

In determining prognosis for the ALS patient, examination by a neurologist within three months of assessment is advised. All patients must meet criteria #1 – rapid progression of ALS as well as either 2A-critically impaired ventilatory capacity, 2B-critical nutritional impairment, or 2C-life-threatening complications.

1. Rapid progression of ALS. Most of disability should have developed in past 12 months.

Check examples which apply:

- progression from independent ambulation to wheelchair or bed-bound
- progression from normal to barely intelligible or unintelligible speech
- progression from normal to blenderized diet
- progression from independence in all or most ADLs to requiring assistance in all ADLs

Patients with slow progression may survive for longer periods, although clinical judgment may still indicate they may be within six months of death.

2. At least one of the following must also apply:

A. Critically impaired ventilatory capacity

- vital capacity (VC) less than 30% of predicted
- significant dyspnea at rest
- supplemental oxygen required at rest
- intubation or tracheostomy and mechanical ventilation considered (Note: patients receiving ventilation assistance may survive longer than six months unless there is a life-threatening comorbid condition.)

B. Critical nutritional impairment

- artificial feeding not elected or discontinued
- oral intake insufficient
- continued weight loss
- dehydration or hypovolemia

C. Life-threatening complications

- recurrent aspiration pneumonia
- decubitus ulcers, multiple stage 3-4, particularly if infected
- upper urinary tract infection, e.g., pyelonephritis
- sepsis
- fever recurrent after antibiotics

3. Karnofsky Performance Status Scale (check level assessed)

(Check level assessed)

Able to carry on normal activity to work; no special care needed	100	Normal / no complaints; on evidence of disease
	90	Able to carry on normal activity; minor s/s of disease
	80	Normal activity with effort; some s/s of disease
Unable to work; able to live at home and care for most personal needs; varying amounts of assistance needed	70	Cares for self, unable to do active work or normal activity
	60	Requires occasional assistance, but is able to care for most of needs
	50	Requires considerable assistance / frequent medical care
Unable to care for self; requires equivalent of institutional or hospital care; disease may be progressing rapidly	40	Disabled; requires special care and assistance
	30	Severely disabled; hospital admission indicated although death not imminent
	20	Very sick; active support treatment necessary
	10	Moribund, fatal processes progressing rapidly
	0	Dead

4. List any co-morbid:

Information supplied by: _____ on _____ Check One. Hospital ___ ECF ___ Physician Office ___ Other ___

Information recorded by: _____ Hospice RN on _____ Assessment completed by: _____ Hospice RN on _____

Physician Signature: _____ Physician name printed: _____

Date: _____