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Medical Guidelines for Determining Appropriateness for Hospice

Pulmonary Disease

Patient Name: _____ Diagnosis: _____ Date: _____

Patient has severe lung disease. Yes No
 Evidenced by: *(Check all that apply)*

Symptoms	Signs
<input type="checkbox"/> dyspnea at rest	<input type="checkbox"/> cyanosis: blue lips, finger tips
<input type="checkbox"/> dyspnea on exertion	<input type="checkbox"/> pulmonary hyperinflation: barrel-chested
<input type="checkbox"/> housebound, chair bound	<input type="checkbox"/> pursed-lip breathing
<input type="checkbox"/> oxygen-dependent	<input type="checkbox"/> accessory muscles of respiration
<input type="checkbox"/> copious/purulent sputum	<input type="checkbox"/> retractions: supraclavicular
<input type="checkbox"/> recurrent infections	<input type="checkbox"/> increased expiratory phase: slowed forced expiration
<input type="checkbox"/> severe cough	<input type="checkbox"/> wheezing
	<input type="checkbox"/> diminished breath sounds
	<input type="checkbox"/> depressed diaphragm

Check all that apply:

- poor response to bronchodilators
- forced expiratory volume in one second (FEV1) after bronchodilator, less than 30% of predicted*
- increased visits to Emergency Department; number in past 6 months: _____
- increased hospitalizations for pulmonary infections/respiratory failure; number in past 6 months: _____
- 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:

<input type="checkbox"/> Echocardiographic documentation	}	Information supplied by: _____
<input type="checkbox"/> EKG*		Of: _____ On: _____
<input type="checkbox"/> chest x-ray*		From: _____
<input type="checkbox"/> physical signs of RHF		
- hypoxemic at rest of supplemental oxygen

<input type="checkbox"/> pO ₂ ≤ 50mm Hg on supplemental O ₂	}	Information supplied by: _____
<input type="checkbox"/> O ₂ saturation <88% on supplemental O ₂		Of: _____ On: _____
- hypercapnia (pCO₂ > 50mm 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.*

Karnofsky Performance Status Scale *(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

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: _____