



Palliative Performance Scale (PPS)

%	Ambulation	Activity and Evidence of Disease	Self-Care	Intake	Level of Consciousness
0	Death	—	—	—	—
10	Totally bed bound	Unable to do any work, extensive disease	Total care	Mouth care only	Drowsy or comatose
20	Totally bed bound	Unable to do any work, extensive disease	Total care	Minimal sips	Full, drowsy, or confusion
30	Totally bed bound	Unable to do any work, extensive disease	Total care	Reduced	Full, drowsy, or confusion
40	Mainly in bed	Unable to do any work, extensive disease	Mainly assistance	Normal or reduced	Full, drowsy, or confusion
50	Mainly still	Unable to do any work, extensive disease	Considerable assistance required	Normal or reduced	Full or confusion
60	Reduced	Unable to do hobby or some housework, significant disease	Occasional assist necessary	Normal or reduced	Full or confusion
70	Reduced	Unable to do normal work, some evidence of disease	Full	Normal or reduced	Full
80	Full	Normal activity with effort, some evidence of disease	Full	Normal or reduced	Full
90	Full	Normal activity, some evidence of disease	Full	Normal	Full
100	Full	Normal activity, no evidence of disease	Full	Normal	Full

CANCER

Pt meets ALL of the following:

1. Clinical findings of malignancy with widespread, aggressive or progressive disease as evidenced by increasing sx, worsening lab values and/or evidence of metastatic disease
 2. PPS <70%
 3. Refuses further life-prolonging therapy **OR** Continues to decline in spite of definitive therapy
- Supporting documentation includes:** Hypercalcemia >12
Cachexia or Weight loss > 5% in past 3 months
Recurrent disease after surgery/radiation/chemo
Signs/sxs of advanced disease (e.g. nausea, requirement for transfusions, malignant ascites or pleural effusion, etc.)

RENAL FAILURE

Pt refuses dialysis or renal transplant (or requests to discontinue dialysis)
AND Creatinine clearance is <10 (<15 for diabetics)
AND Serum creatine >8 (>6 for diabetics)
Supporting documentation for CRF: Uremia, oliguria (urine output <7), uremic pericarditis, hepatorenal syndrome, intractable fluid overload
Supporting documentation for ARF: Mechanical ventilation, malignancy (other organ system), chronic lung disease, advanced cardiac disease, advanced liver disease

DEMENTIA

Stage 7C or beyond according to FAST Scale
AND One or more in the 12 months:
Aspiration pneumonia
Pyelonephritis
Septicemia
Multiple pressure ulcers (stage 3-4)
Recurrent Fever
Inability to maintain sufficient fluid and calorie intake in past 6 months (10% weight loss or albumin <2.5)
Other significant condition that suggests limited prognosis

HEART DISEASE

CHF NYHA Class IV --> Significant sxs at rest **AND** Inability to carry out minimal physical activity without dyspnea or angina
AND Optimally treated: diuretics, vasodilators, ACEI, hydralazine, nitrates
OR Angina at rest, resistant to standard nitrate tx, and either not a candidate for/declined invasive procedures

Functional Assessment Scale (FAST)

1	No difficulty either subjectively or objectively.
2	Complains of forgetting location of objects. Subjective work difficulties.
3	Decreased job functioning evident to co-workers. Difficulty in traveling to new locations. Decreased organizational capacity. *
4	Decreased ability to perform complex task, (e.g., planning dinner for guests, handling personal finances, such as forgetting to pay bills, etc.)
5	Requires assistance in choosing proper clothing to wear for the day, season or occasion, (e.g. pt may wear the same clothing repeatedly, unless supervised.)*
6	Occasionally or more frequently over the past weeks. * for the following A) Improperly putting on clothes without assistance or cueing . B) Unable to bathe properly (not able to choose proper water temp) C) Inability to handle mechanics of toileting (e.g., forget to flush the toilet, does not wipe properly or properly dispose of toilet tissue) D) Urinary incontinence E) Fecal incontinence
7	A)Ability to speak limited to approximately ≤ 6 intelligible different words in the course of an average day or in the course of an intensive interview. B) Speech ability is limited to the use of a single intelligible word in an average day or in the course of an intensive interview C) Ambulatory ability is lost (cannot walk without personal assistance.) D) Cannot sit up without assistance (e.g., the individual will fall over if there are not lateral rests [arms] on the chair.) E) Loss of ability to smile. F) Loss of ability to hold up head independently.

*Scored primarily on information obtained from a knowledgeable informant. Psychopharmacology Bulletin, 1988 24:653-659.

Supporting documentation:

EF <20%, treatment resistant symptomatic dysrhythmias
H/o cardiac related syncope, CVA 2/2 cardiac embolism
H/o cardiac resuscitation, concomitant HIV disease

HIV/AIDS

CD4+ <25 **OR** Viral load >100,000

AND

At least 1: CNS lymphoma, untreated or refractory wasting (loss of >33% lean body mass), MAC bacteremia, PML, systemic lymphoma, visceral ICS, RF on no HD, cryptosporidium infection, refractory toxoplasmosis

AND

PPS >50%

LIVER DISEASE

ESLD as demonstrated by:

PT > 5 sec **OR** INR > 1.5

AND

Serum albumin <2.5

AND

One of more of the following:

Refractory ascites, h/o SBP, hepatorenal syndrome, refractory hepatic encephalopathy, h/o recurrent variceal bleeding

Supporting Documentation:

Progressive malnutrition, muscle wasting with decreasing strength, ongoing alcoholism (>80 gm ethanol/day), hepatocellular CA HBsAg positive, Hep. C refractory to treatment

PULMONARY DISEASE

Patient has ALL of the following:

Disabling dyspnea at rest

Little/no response to bronchodilators

Decreased functional capacity --> bed to chair existence, fatigue, cough

AND

Progression of disease --> recent increasing office, home, ED visits and/or hospitalizations for pulmonary infection and/or respiratory failure

AND

Documentation within past 3 months:

RA hypoxemia at rest (pO₂ <55 by ABG)

OR O₂ sat <88%

OR hypercapnia pCO₂ >50

Supporting Documentation:

Cor pulmonale and right heart failure, unintentional progressive weight loss

NEUROLOGIC DISEASE

Chronic degenerative conditions such as ALS, Parkinson's, Muscular Dystrophy, Myasthenia Gravis or Multiple Sclerosis

Critically impaired breathing capacity, with all:

Dyspnea at rest, vital capacity <20%, needs O₂ at rest, refuses artificial ventilation

OR

Rapid disease progression from:

Independent ambulation to wheelchair or bed-bound status

Normal to barely intelligible or unintelligible speech

Normal to pureed diet Independence in most ADLs to needing major assistance in all ADLs

AND

Critical nutritional impairment demonstrated by all of the following in the preceding 12 months:

Oral intake of nutrients/fluids insufficient to sustain life

Continuing weight loss

Dehydration or hypovolemia

Absence of artificial feeding method

OR

Life-threatening complications in the past 12 months >1:

Recurrent aspiration pneumonia, pyelonephritis, sepsis, recurrent fever, stage 3 or 4 pressure ulcers

STROKE OR COMA

PPS <40%

AND

Poor nutritional status with inability to maintain sufficient fluid and calorie intake with >1 of the following:

>10% weight loss in past 6 months

>7.5% weight loss in past 3 months

Serum albumin <2.5

Current history of pulmonary aspiration without effective response to speech therapy interventions to improve dysphagia and decrease aspiration events

Supporting Documentation:

Coma (any etiology) with 3 of the following on the 3rd day of coma:

Abnormal brain stem response

Absent verbal responses

Absent withdrawal response to pain

Post anoxic stroke

Serum creatinine > 1.5

OTHER TERMINAL ILLNESS

If patient does not meet any of the above guidelines, patient may still be eligible if documentation strongly supports a prognosis of less than 6 months ie. Sepsis, Severe limb-threatening ischemia due to PVD.