



WESTERN RESERVE CARE SOLUTIONS

# Eligibility Quick Reference Guide

Indications and reference material  
for Hospice eligible patients



HOSPICE OF THE  
WESTERN RESERVE



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## HOSPICE ELIGIBILITY CRITERIA

A person is considered hospice eligible and may choose hospice services when they have a prognosis of six (6) months or less if the disease runs its normal course.

In order to determine eligibility, the following also need to be considered: co-morbidities, secondary conditions, changes in functional, nutritional, and neurological status, as well as the patient and family care goals related to treatment and life sustaining measures.

## WESTERN RESERVE NAVIGATOR / PALLIATIVE CARE ELIGIBILITY

Patients with an advanced *serious illness* who are not yet candidates for hospice care may qualify for palliative care services.

If prognosis is greater than six (6) months or patient is not a candidate for hospice care, the Navigator Program may be an appropriate level of care for an extra layer of support to patients and families.

## LEGAL DEFINITIONS FOR ADVANCE CARE PLANNING

### **DNR – CC**

DNR Comfort Care orders (DNR – CC) indicates that the person receives care to ease pain and suffering (comfort care), but no resuscitative measures to save or sustain life.

### **DNR – CC A**

Resuscitative efforts will be provided, if necessary, up to the time of cardiac (*no palpable pulse*) or respiratory arrest (*no spontaneous respirations or presence of breathing*). Once an arrest is confirmed, all resuscitative efforts are withdrawn and comfort care is initiated.

### **Living Will**

A living will is a document that outlines specific medical instructions to be applied if the patient is alive but unable to communicate their wishes for themselves.

### **Durable Power of Attorney for Healthcare**

Durable Power of Attorney (DPOA) for Healthcare is a document that designates a person, whom the patient trusts, to make medical decisions on their behalf if they are unable to do so themselves.

## **Power of Attorney**

A legal document allowing one person to act in a legal matter on another's behalf regarding important medical or financial decisions.

*Note: If a patient has a Living Will, the Living Will overrides the Durable Power of Attorney.*

## **Guardian**

A person appointed by a court through a legal procedure to make decisions for someone who has been deemed incompetent. Only a court can determine someone incompetent.



**24/7 Referrals Line**

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# DEMENTIA AND RELATED DISORDERS

## Important Clinical Elements

- ◆ FAST Stage 7 or higher
- ◆ ADEPT > 16
- ◆ Dysphagia w/ or w/o weight loss
- ◆ Date of onset of dementia symptoms
- ◆ Date of dementia diagnosis
- ◆ Absence of artificial feeding methods

## Laboratory / Test Results

- ◆ Albumin < 2.5 g/dL

## Functional Changes

- ◆ Changes in functional status over last six (6) months
- ◆ PPS < 40
- ◆ Decrease in Katz Score
- ◆ Falls and fractures

## Nutritional Changes

- ◆ Weight loss > 10% in 6 months
- ◆ Mid-Upper Arm Circumference (MUAC) decreased from baseline
- ◆ Body Mass Index (BMI) decreased from baseline

## **Cognitive Changes**

- ◆ Episodes of delirium (*history of and acute episodes*)
- ◆ Decline in speech ability

## **Secondary Conditions**

- ◆ Recurrent fever despite antibiotics
- ◆ Non-healing wounds and decubitus ulcers
- ◆ Aspiration pneumonia
- ◆ Shortness of breath
- ◆ Septicemia

## **Possible Diagnosis**

- ◆ Alzheimer's Disease
- ◆ Pick's Disease
- ◆ Senile Degeneration of Brain
- ◆ Corticobasal Degeneration
- ◆ Frontotemporal Dementia
- ◆ Lewy body Dementia
- ◆ Vascular Dementia (not as primary)



# CANCER

## Important Clinical Elements

- ◆ Measurable tumor enlargement
- ◆ Widespread aggressive or progressive disease
- ◆ Cancer staging
- ◆ Date of cancer diagnosis
- ◆ Change in mMRC score

## Laboratory / Test Results

- ◆ Albumin < 2.5 g/dL
- ◆ Imaging results
- ◆ Biopsy results
- ◆ Tumor markers

## Functional Changes

- ◆ Changes in functional status over last six (6) months
- ◆ PPS
- ◆ ECOG
- ◆ Katz Score

## **Nutritional Changes**

- ◆ Weight loss > 5% in 3 months
- ◆ MUAC decreased from baseline
- ◆ BMI decreased from baseline

## **Cognitive Changes**

- ◆ Episodes of delirium (*history of and acute episodes*)

## **Secondary Conditions**

- ◆ Recurrent fever despite antibiotics
- ◆ Non-healing wounds and decubitus ulcers
- ◆ Hypercalcemia
- ◆ Aspiration pneumonia
- ◆ Spinal cord compression
- ◆ Paraneoplastic syndromes
- ◆ Deep vein thrombosis (DVT)
- ◆ Pulmonary embolism (PE)
- ◆ Superior vena cava syndrome
- ◆ Signs of advanced disease (ascites or pleural effusion)

Grade	ECOG
0	Fully active, able to carry on all pre-disease performance without restriction
1	Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature, e.g. light house work, office work
2	Ambulatory and capable of all self-care but unable to carry out any work activities. Up and about more than 50% of waking hours
3	Capable of only limited self-care, confined to bed or chair more than 50% of waking hours
4	Completely disabled. Cannot carry on any self-care. Totally confined to bed or chair
5	Dead

## CARDIAC CONDITIONS

### Important Clinical Elements

- ◆ Mobility impairments / activity limitations (e.g. *bed to chair existence*) and fatigue
- ◆ AHA stage D (*symptoms at rest, despite maximal medical therapy*)
- ◆ NYHA Class 4 (*symptoms at rest*)
- ◆ Pacemaker, AICD, LVAD
- ◆ Need for continuous oxygen
- ◆ Oxygen saturation on RA < 88%
- ◆ Recurrent infections / pneumonia
- ◆ Resting tachycardia (> 100/min)
- ◆ Resting tachypnea (> 24/min)
- ◆ Peripheral edema
- ◆ JVD
- ◆ Orthopnea (*two pillow orthopnea*)
- ◆ Paroxysmal nocturnal dyspnea
- ◆ Angina at rest
- ◆ History of prior cardiopulmonary arrest
- ◆ Maximized pharmacological treatment

## Laboratory / Test Results

- ◆ Identified Diastolic (*HF with preserved ejection fraction*) or Systolic heart failure
- ◆ Anemia (Hgb < 10 g/dl)
- ◆ Albumin < 2.5 g/dL
- ◆ Systolic Ejection Fraction < 30% (*if available*)
- ◆ BMP / BNP

## Functional Changes

- ◆ Changes in functional status over last six (6) months
- ◆ PPS
- ◆ Katz Score

## Nutritional Changes

- ◆ BMI < 21 kg/m<sup>2</sup>
- ◆ Weight loss > 10% in 6 months
- ◆ BMI / MUAC decreasing

## Cognitive Changes

- ◆ Episodes of delirium (*history of and acute episodes*)

## **Secondary Conditions**

- ◆ Electrolyte imbalance
- ◆ Pneumonia
- ◆ Non-healing wounds and decubitus ulcers
- ◆ Multi-system failure

# PULMONARY CONDITIONS

## Important Clinical Elements

- ◆ Impaired structures of the pulmonary system (e.g. *bronchial obstruction, atelectasis*)
- ◆ Mobility impairments / activity limitations
- ◆ Fatigue
- ◆ GOLD Stage 4
- ◆ Dyspnea at rest
- ◆ Maximized pharmacological treatment
- ◆ Need for continuous oxygen
- ◆ Oxygen saturation on RA < 88%
- ◆ Recurrent infections / pneumonia
- ◆ Resting tachycardia (> 100/min)
- ◆ Resting tachypnea (> 24/min)
- ◆ Currently using CPAP or BiPAP
- ◆ Pursed lip breathing
- ◆ Orthopnea
- ◆ Use of accessory muscles

## **Laboratory / Test Results**

- ◆ Vital Capacity < 30% or < 60%
- ◆ FEV<sub>1</sub> < 50% predicted after bronchodilator
- ◆ Albumin < 2.5 g/dL
- ◆ Hypercapnia / CO<sub>2</sub> retention as evidenced by pCO<sub>2</sub> > 50 mmHg
- ◆ Hypoxemia as evidenced by pO<sub>2</sub> < 55 mg Hg

## **Functional Changes**

- ◆ Changes in functional status over last six (6) months
- ◆ PPS

## **Nutritional Changes**

- ◆ BMI < 21 kg/m<sup>2</sup>
- ◆ Weight loss > 10% in 6 months

## **Cognitive Changes**

- ◆ Episodes of delirium (*history of and acute episodes*)



## Secondary Conditions

- ◆ Right Heart Failure (RHF) secondary to pulmonary disease (*cor pulmonale*)
- ◆ Pneumonia or recurrent bronchitis

## HIV DISEASE

### Important Clinical Elements

Decreased performance status, as measured by the Palliative Performance Status (PPS) scale, of  $\leq 50$  **and one (1) of the following:**

- ◆ CNS lymphoma
- ◆ Untreated, or not responsive to treatment, wasting (*loss of 33% lean body mass*)
- ◆ Mycobacterium avium complex (MAC) bacteremia, unresponsive to treatment
- ◆ Progressive multifocal leukoencephalopathy
- ◆ Systemic lymphoma
- ◆ Visceral Kaposi's sarcoma
- ◆ Renal failure not undergoing dialysis
- ◆ Cryptosporidium infection
- ◆ Resistant Toxoplasmosis

### Laboratory / Test Results

- ◆ CD4+ Count < 25 cells/mcL
- ◆ Persistent viral load > 100,000 copies/ml
- ◆ Persistent serum albumin < 2.5 g/dL

## Functional Changes

- ◆ Changes in functional status over last six (6) months
- ◆ PPS

## Nutritional Changes

- ◆ Weight loss > 10% in 6 months
- ◆ BMI decreasing
- ◆ MUAC decreasing

## Cognitive Changes

- ◆ Episodes of delirium (*history of and acute episodes*)

## Secondary Conditions

- ◆ Recurrent fever despite antibiotics
- ◆ Non-healing wounds and decubitus ulcers
- ◆ Chronic persistent diarrhea for several months
- ◆ Age > 50 years
- ◆ Absence of antiretroviral, chemotherapeutic and/or prophylactic drug therapy related specifically to HIV disease
- ◆ Advanced AIDS dementia complex

- ◆ Resistant Toxoplasmosis
- ◆ Heart failure (*NYHA Class 4, AHA Stage D*)
- ◆ AIDS defining secondary conditions

## **Possible Diagnosis**

<b>ICD-10</b>	<b>Diagnosis</b>
B20	Human Immunodeficiency Virus (HIV) Disease

## LIVER DISEASE

### Important Clinical Elements

End-stage liver disease is present and the patient shows at least one of the following:

- ◆ Ascites, refractory to treatment or patient non-compliance
- ◆ Asterixis (*i.e. flapping tremor*)
- ◆ Tachypnea > 24/min
- ◆ Reduced awareness or consciousness
- ◆ Spontaneous bacterial peritonitis
- ◆ Hepatorenal syndrome (*elevated creatinine and BUN with oliguria (< 400 ml/day)*)
- ◆ Recurrent variceal bleeding, despite intensive therapy
- ◆ Hepatocellular carcinoma
- ◆ Hepatitis B
- ◆ Hepatitis C refractory to antiviral treatment
- ◆ Hepatic encephalopathy, refractory to treatment, or patient non-compliance

## Laboratory / Test Results

- ◆ Urine Na < 10 mEq/L
- ◆ Serum Creatinine
- ◆ Serum Bilirubin
- ◆ Elevated serum ammonia
- ◆ INR > 1.5
- ◆ Serum Sodium (Na)

The patient should show both A and B:

**A.** PT > 5 seconds over control or INR > 1.5

**B.** Serum albumin < 2.5 gm/dl

## Functional Changes

- ◆ Changes in functional status over last six (6) months
- ◆ PPS
- ◆ Katz

## Nutritional Changes

- ◆ Weight loss > 10% in 6 months
- ◆ BMI decreasing
- ◆ MUAC decreasing

## **Cognitive Changes**

- ◆ Episodes of delirium (*history of and acute episodes*)

## **Secondary Conditions**

- ◆ Ascites
- ◆ Cirrhosis
- ◆ Esophageal varices
- ◆ Hepatocellular carcinoma
- ◆ Hepatorenal syndrome
- ◆ Spontaneous bacterial peritonitis

Patients awaiting liver transplant who otherwise fit the above criteria may be certified for the Medicare hospice benefit, but if a donor organ is procured, the patient must be discharged from hospice.

## NEUROLOGICAL CONDITIONS

### Important Clinical Elements

- ◆ Impaired cognitive function
- ◆ Impaired neuromuscular function as evidenced by:
  - ◆ Dysphagia
  - ◆ Impaired muscular strength (*use muscle strength grading scale 0–5 on next page*)
- ◆ Impaired movements
- ◆ Impaired ability to maintain body posture
- ◆ Impaired respiratory function as evidenced by:
  - ◆ Use of BiPap/CPap
  - ◆ Impaired cough
  - ◆ Impaired mobility
- ◆ Aspiration pneumonia
- ◆ Non-healing wounds and decubitus ulcers



## Functional Changes

- ◆ Changes in functional status over last six (6) months
- ◆ PPS
- ◆ KATZ
- ◆ Falls
- ◆ Asymmetric gait
- ◆ Unstable gait pattern / Ataxia
- ◆ Impaired ability to transfer oneself

## Nutritional Changes

- ◆ Anorexia / cachexia
- ◆ Dehydration
- ◆ BMI < 21 kg/m<sup>2</sup>
- ◆ Weight loss > 10% in 6 months
- ◆ Absence of artificial feeding methods

## Possible Diagnosis

- ◆ Multiple Sclerosis
- ◆ Parkinson's Disease
- ◆ ALS

- ◆ Peripheral Vascular Disease, Unspecified
- ◆ Vascular Dementia (not as primary)

## **Clinical Tools**

- ◆ CAM Tool
- ◆ PPS
- ◆ KATZ

## **Muscle Strength Grading Scale**

1. No muscular contraction detected
2. A barely detectable flicker or trace of contraction
3. Active movement of the body part with gravity eliminated
4. Active movement against gravity
5. Active movement against gravity and some resistance
6. Active movement against full resistance without evident fatigue (this is normal muscle strength)

# END-STAGE RENAL DISEASE (ESRD)

## Important Clinical Elements

- ◆ Not a candidate for renal transplant
- ◆ Chooses *not* to elect dialysis

## Laboratory / Test Results

- ◆ Lab results: creatinine clearance (*w/in 12 mo*)
  - ◆ < 10 mL/min
  - ◆ < 15 mL/min with DM or CHF
  - ◆ < 20 mL/min with DM and CHF
- ◆ Lab results: serum creatinine (*w/in 12 mo*)
  - ◆ > 8.0 mg/dL
  - ◆ > 6.0 mg/dL with DM
- ◆ Chronic Renal Failure that includes the following:
  - ◆ Uremia (*increased BUN, i.e. azotemia*)
  - ◆ Oliguria (< 400 mL/24 hours)
  - ◆ Potassium > 7 mmol

Chronic Kidney Disease Stage	
Stage	GFR (mL/min/1.73m <sup>2</sup> )
1	≥ 90
2	60 – 89
3	30 – 59
4	15 – 29
5	< 15 (or dialysis)

## Functional Changes

- ◆ Changes in functional status over last six (6) months
- ◆ PPS

## Nutritional Changes

- ◆ BMI < 21 kg/m<sup>2</sup>
- ◆ Weight loss > 10% in 6 months

## Cognitive Changes

- ◆ Delirium episodes (*history of and acute episodes*)

## Secondary Conditions

- ◆ Hyperparathyroidism
- ◆ Calciphylaxis
- ◆ Uremic pericarditis (*which will not resolve without dialysis*)
- ◆ Fluid overload (*intractable and unresponsive to treatment*)
- ◆ Non-healing wounds and decubitus ulcers
- ◆ Multi-system failure
- ◆ Cardiac disease

# BODY MASS INDEX (BMI)

Use the following equations to determine a patient's BMI:

## Imperial

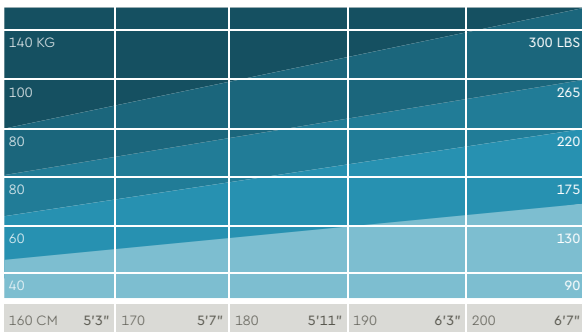
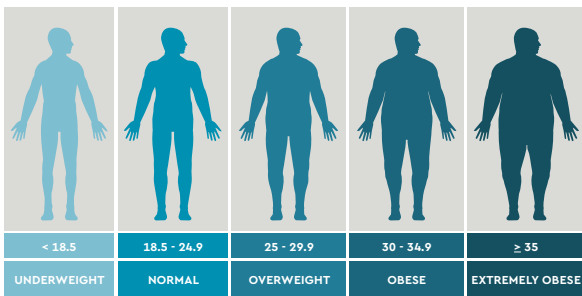
$$\frac{\text{Weight (lb)} \times 703}{\text{Height (in)}^2}$$

Height (in)<sup>2</sup>

## Metric

$$\frac{\text{Weight (kg)}}{\text{Height (m)}^2}$$

Height (m)<sup>2</sup>



## MID UPPER ARM CIRCUMFERENCE (MUAC)

MUAC measurements serve as a good indicator of weight loss or gain in patients who cannot be moved or manipulated to take a weight. It is important to take a baseline measurement as soon as possible.

Always measure the same arm, at the same place, using centimeters (cm). The midpoint between the Acromion Process of the Scapula and the Olecranon Process is where the measurement is taken.



**Acromion Process of Scapula**

**Mid Upper Arm**

**Olecranon Process**

# PALLIATIVE PERFORMANCE SCALE (PPS)

%	Ambulation	Activity Level & Evidence of Disease	Self-Care	Intake	Level of Consciousness
100	Full	Normal – No Disease	Full	Normal	Full
90	Full	Normal– Some Evidence of Disease	Full	Normal	Full
80	Full	Normal with Effort Some Evidence of Disease	Full	Normal/ Reduced	Full
70	Reduced	Can't do normal job or work Significant Disease	Full	Normal/ Reduced	Full
60	Reduced	Can't do hobbies or housework Significant Disease	Occasional Assistance Needed	Normal/ Reduced	Full or Confusion
50	Mainly sit/lie	Can't do any work Extensive Disease	Considerable Assistance Needed	Normal/ Reduced	Full or Confusion
40	Mainly in Bed	Can't do any work Extensive Disease	Mainly Assistance	Normal/ Reduced	Full or Drowsy or Confusion
30	Bed Bound	Can't do any work Extensive Disease	Total Care	Reduced	Full or Drowsy or Confusion
20	Bed Bound	Can't do any work Extensive Disease	Total Care	Minimal	Full or Drowsy or Confusion
10	Bed Bound	Can't do any work Extensive Disease	Total Care	Mouth Care Only	Drowsy or Coma
0	Death	-	-	-	-





## KATZ INDEX OF ADLS / FUNCTIONAL ASSESSMENT TOOL

There are six (6) Activities of Daily Living measured in the KATZ score. They are:

- ◆ Bathing
- ◆ Dressing
- ◆ Toileting
- ◆ Transferring (*ambulation*)
- ◆ Continence
- ◆ Feeding

### **Independence (1 point)**

No supervision, direction, or personal assistance.

### **Dependence (0 point)**

With supervision, direction, personal assistance, or total care.

**Total Points:** \_\_\_\_\_

0 = Low, patient very dependent

6 = High, patient very independent

# REISBERG FUNCTIONAL ASSESSMENT STAGING FOR DEMENTIA SCALE (FAST)

Stage	Activity Limitation
1	No difficulty, either subjectively or objectively
2	Complains of forgetting location of objects; subjective work difficulties
3	Decreased job functioning evident to coworkers; difficulty in traveling to new locations
4	Decreased ability to perform complex tasks (e.g. planning dinner for guests, handling finances)
5	Requires assistance in choosing proper clothing
6	Decreased ability to dress, bathe, and toilet independently
6a	Difficulty putting clothing on properly
6b	Unable to bathe properly, may develop fear of bathing
6c	Inability to handle mechanics of toileting (ie, forgets to flush, does not wipe properly)
6d	Urinary incontinence
6e	Fecal incontinence
7	Loss of speech, locomotion, and consciousness
7a	Ability to speak limited (1-5 words a day)
7b	All intelligible vocabulary lost
7c	Non-ambulatory
7d	Unable to sit upright
7e	Unable to smile
7f	Unable to hold head up

# ADVANCED DEMENTIA PROGNOSTIC TOOL (ADEPT)

Risk Factor	Points	Score
Nursing Home Stay < 90 Days	3.3	_____
65-69 years old	1.0	
70-74 years old	2.0	
75-79 years old	3.0	
80-84 years old	4.0	
85-89 years old	5.0	
90-94 years old	6.0	
95-99 years old	7.0	
≥ 100 years old	8.0	_____
Male	3.3	_____
Shortness of Breath	2.7	_____
At least one pressure ulcer ≥ stage 2	2.2	_____
ADL score = 28 or Katz = 0 <sup>A</sup>	2.1	_____
Bedfast most of the day	2.1	_____
Insufficient oral intake <sup>B</sup>	2.0	_____
Bowel incontinence <sup>C</sup>	1.9	_____
BMI < 18.5	1.8	_____
Weight loss <sup>D</sup>	1.6	_____
Congestive heart failure	1.5	_____
<b>Total Points</b>		_____

# ADVANCED DEMENTIA PROGNOSTIC TOOL (ADEPT)

Total Points	Estimate of Death within Six (6) Months
1.0–6.4	7 %
6.5–7.9	10–11 %
8.0–8.9	13–14 %
9.0–9.7	14–16 %
9.8–10.5	17–19 %
10.6–11.5	20–23 %
11.6–12.5	23–28 %
12.6–14.0	28–33 %
14.1–16.1	34–43 %
> 16.1	49–62 %

- A.** *Activities of Daily Living* score (0–28) is the sum of scores in 7 domains of function. Each is scored on a 4 point scale; 0 = independent; 1 = supervision; 2 = limited assistance; 3 = extensive assistance; 4 = total dependence. A score of 28 represents complete functional dependence.  
*Katz Index of ADLs* score (0–6) is the sum of scores in 6 domains of function. Each is scored either 1 or 0 per ADL.
- B.** Insufficient oral intake is defined as not consuming almost all liquids in previous 3 days or  $\geq 25\%$  of food uneaten at most meals.
- C.** Bowel incontinence occasionally, frequently, or always (vs. rarely or never).
- D.** Recent weight loss is defined as  $> 5\%$  body weight in prior 30 days or  $> 10\%$  in prior 180 days.

## AMERICAN HEART ASSOCIATION (AHA) STAGES OF HEART FAILURE

Stage	Descriptions
A	At high risk for heart failure but without structural heart disease or symptoms of heart failure (e.g. patients with hypertension or coronary artery disease)
B	Structural heart disease but without symptoms of heart failure
C	Structural heart disease with prior or current symptoms of heart failure
D	Refractory heart failure requiring specialized interventions

## NEW YORK HEART ASSOCIATION

Class	Description
Class 1	No limitations. No symptoms with ordinary activity.
Class 2	Slight limitations. Symptoms with ordinary activity.
Class 3	Marked limitations. Symptoms with less than ordinary activity.
Class 4	Symptoms of cardiac insufficiency at rest

# GLOBAL INITIATIVE FOR CHRONIC OBSTRUCTIVE LUNG DISEASE (G.O.L.D.)

Degree of Airflow Limitation in COPD		
Classification	Severity	FEV1
G.O.L.D. 1	Mild	$FEV1 \geq 80\%$ predicted
G.O.L.D. 2	Moderate	$50\% \leq FEV1 < 80\%$ predicted
G.O.L.D. 3	Severe	$30\% \leq FEV1 < 50\%$ predicted
G.O.L.D. 4	Very Severe	$FEV1 < 30\%$ predicted

## MODIFIED MEDICAL RESEARCH COUNCIL (MMRC) DYSPNEA SCALE

Grade	Description
0	I only get breathless with strenuous exercise.
1	I get short of breath when hurrying on level ground or walking up a slight hill.
2	On level ground, I walk slower than people of the same age because of breathlessness, or have to stop for breath when walking at my own pace.
3	I stop for breath after walking about 100 yards or after a few minutes on level ground.
4	I am too breathless to leave the house or I am breathless when dressing.





# PAIN ASSESSMENT IN ADVANCED DEMENTIA SCALE (PAINAD)







Used for dementia patients and those unable to use other tools as a result of their consciousness.

Behavior	0 Points	1 Point	2 Points	Score
Breathing (Independent of Vocalization)	Normal	<ul style="list-style-type: none"> <li>Occasional labored breathing</li> <li>Short period of hyperventilation</li> </ul>	<ul style="list-style-type: none"> <li>Noisy labored breathing</li> <li>Long period of hyperventilation</li> <li>Cheyne-Stokes respirations</li> </ul>	_____
	None	<ul style="list-style-type: none"> <li>Occasional moan or groan</li> <li>Low-level speech with a negative or disapproving quality</li> </ul>	<ul style="list-style-type: none"> <li>Repeated troubled calling out</li> <li>Loud moaning or groaning</li> <li>Crying</li> </ul>	_____
Facial expression	Smiling or inexpressive	<ul style="list-style-type: none"> <li>Sad</li> <li>Frightened</li> <li>Frown</li> </ul>	<ul style="list-style-type: none"> <li>Facial grimacing</li> </ul>	_____
Body language	Relaxed	<ul style="list-style-type: none"> <li>Tense</li> <li>Distressed pacing</li> <li>Fidgeting</li> </ul>	<ul style="list-style-type: none"> <li>Rigid</li> <li>Fists clenched</li> <li>Knees pulled up</li> <li>Pulling or pushing away</li> <li>Striking out</li> </ul>	_____
Consolability	No need to console	<ul style="list-style-type: none"> <li>Distracted or reassured by voice or touch</li> </ul>	<ul style="list-style-type: none"> <li>Unable to console, distract, or reassure</li> </ul>	_____
			<b>Total Points</b>	_____

**A possible interpretation of the scores is: 1-3 = mild pain, 4-6 = moderate pain, 7-10 = severe pain.**

# WONG-BAKER FACES PAIN RATING SCALE

## Wong-Baker FACES® Pain Rating Scale

	<b>0</b>	No Hurt
	<b>2</b>	Hurts Little Bit
	<b>4</b>	Hurts Little More
	<b>6</b>	Hurts Even More
	<b>8</b>	Hurts Whole Lot
	<b>10</b>	Hurts Worst

Point to each face using the words below it to describe the pain intensity. Ask the Patient to choose the face that best describes their own pain and record the appropriate number.

The rating scale is recommended for patients age 3 years and older.

SEVERITY  
LOCATION  
ONSET  
DURATION  
VARIATION  
QUALITY

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12

# THE CONFUSION ASSESSMENT METHOD (CAM)

<b>Feature 1</b>	<b>Acute Onset or Fluctuating Confusion</b> <ul style="list-style-type: none"><li>◆ Is there evidence of an acute change in mental status from the patient's baseline?</li><li>◆ Did the abnormal behavior fluctuate during the day?</li></ul>
<b>Feature 2</b>	<b>Inattention</b> <ul style="list-style-type: none"><li>◆ Did the patient have difficulty focusing attention (e.g. being easily distractible, or having difficulty keeping track of what is being said)?</li></ul>
<b>Feature 3</b>	<b>Disorganized thinking</b> <ul style="list-style-type: none"><li>◆ <b>Was</b> the patient's thinking disorganized or incoherent (e.g. rambling or irrelevant conversation, unclear or illogical flow of ideas, or unpredictable switching from subject to subject)?</li></ul>
<b>Feature 4</b>	<b>Altered Level of Consciousness (anything other than "alert")</b> <ul style="list-style-type: none"><li>◆ Overall, how would you rate this patient's level of consciousness? Alert / normal, vigilant / hyper-alert, lethargic / drowsy (easily aroused), stupor (difficult to arouse, coma (unarousable).</li></ul>

**Delirium: Presence of 1 and 2 and either 3 or 4.**

## RICHMOND AGITATION-SEDATION SCALE - PALLIATIVE VERSION (RASS-PAL)

Score	Term	Description	
+4	Combative	Overtly combative, violent, immediate danger to staff (e.g. throwing items); +/- attempting to get out of bed or chair	
+3	Very agitated	Pulls or removes lines (e.g. IV/SC/ Oxygen tubing) or catheter(s); aggressive, +/- attempting to get out of bed or chair	
+2	Agitated	Frequent non-purposeful movement, +/- attempting to get out of bed or chair	
+1	Restless	Occasional non-purposeful movement, but movements not aggressive or vigorous	
0	Alert and calm		
-1	Drowsy	Not fully alert, but has sustained awakening (eye-opening/eye contact) to voice (10 seconds or longer)	VERBAL STIMULATION
-2	Light sedation	Briefly awakens with eye contact to voice (less than 10 seconds)	
-3	Moderate sedation	Any movement (eye or body) or eye opening to voice (but no eye contact)	
-4	Deep sedation	No response to voice , but any movement (eye or body) or eye opening to stimulation by light touch	GENTLE PHYSICAL STIMULATION
-5	Not rousable	No response to voice or stimulation by light touch	

Bush et al., 2014

## REFERENCES

- Ahmad, J. (2013). Clinical applications of the Model for End-Stage Liver Disease (MELD) in hepatic medicine. *Hepatic Medicine: Evidence and Research HMER*, (5), 1-10.
- At A Glance Outpatient Management Reference for Chronic Obstructive Pulmonary Disease. (2014) Retrieved 2015, [www.goldcopd.org](http://www.goldcopd.org)
- Bush, S.H., Grassau, P.A., Yarmo, M.N. et al. The Richmond Agitation-Sedation Scale modified for palliative care inpatients (RASS-PAL): a pilot study exploring validity and feasibility in clinical practice. *BMC Palliat Care* 13, 17 (2014). <https://doi.org/10.1186/1472-684X-13-17>
- Geriatric Assessment Tools and Readings. (2012, January 1). Retrieved August 12, 2014. <http://goo.gl/56iTgm>
- Jones M, Harrington T, Mueller G. Hospice admission and eligibility. *J of Hospice and Palliative Nursing* April 2013; 15 (2); 114-122.
- Katz, S., et al. Progress in Development of the Index of ADL. *Gerontologist* 1970, 10 (1): 23.
- Kim, HJ; Lee, HW (2013). Important predictor of mortality in patients with end-stage liver disease. *Clinical and Molecular Hepatology*, (19), 105-115.
- Lau, T., & Ahmad, J. (2013). Clinical Applications of the Model for End-Stage Liver Disease (MELD) in Hepatic Medicine. *Hepatic Medicine: Evidence and Research*, 5, 1-10.
- Local Coverage Determination for Palmetto GBA (11004, HHH MAC). (2014). Medicare.gov Retrieved August 11, 2014, from <http://goo.gl/GqAsCU>
- Mitchell, S., Miller, S., et al. The Advanced Dementia Prognostic Tool: A Risk Score to Estimate Survival in Nursing Home Residents with Advanced Dementia. *J of Pain & Symptom Management* Nov 2010, 40 (5): 639-651.
- Oken, M.M., Creech, et al. Toxicity And Response Criteria Of The Eastern Cooperative Oncology Group. *Am J Clin Oncol* 5:649-655, 1982.
- Warden, V., et al. Development and psychometric evaluation of the Pain Assessment in Advanced Dementia (PAINAD) Scale. *J of Med Dir. Assoc.* 2003, 4(1): 9.
- Wilner, S., & Arnold, R. (2009, April 1). # 125 The Palliative Performance Scale (PPS). Retrieved August 12, 2014. <http://goo.gl/w4O4yJ>



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