Oasis

Hospice & Palliative Care, Inc.

we bring you refuge

PROGNOSTIC GUIDELINES:

When is my patient eligible for hospice?

Our Mission Statement:

Oasis Hospice & Palliative Care, Inc. believes in affirming life. We exist to be a sanctuary and a refuge for our patients and their families thereby improving the quality of life for our patients who are dealing with life-limiting illnesses.

OASIS HOSPICE & PALLIATIVE CARE, INC.

11700 S. Western Avenue
Suite 13-14
Chicago, IL 60643

Phone: 773-941-4838
Fax: 773-941-4324

www.oasishospice.us

GENERAL GUIDELINES

Certification / Recertification

The patient should meet <u>ALL</u> of the following criteria:

I. The patient's condition is life limiting, and the patient and/or family have been informed of this determination. A life limiting condition may be due to a specific diagnosis or a combination of diseases.

II. The patient and/or family have elected treatment goals directed toward comfort symptoms, rather than a curative approach.

III. The patient has either A or B

- A. Documented clinical progression of the disease, which may include:
  - i. Progression of the primary disease process as listed in disease-specific criteria, documented by physician assessment, laboratory or radiologic findings, or other studies.
  - ii. Multiple emergency department visits or inpatient hospitalizations over the previous six months.
  - iii. For homebound patients receiving home health services, nursing assessment may be documented.
- B. Documented recent impaired nutritional status related to terminal process.
  - i. Unintentional, progressive weight loss of more than 10% over the previous six months.
  - ii. Serum Albumin less than 2.5mg/dl may be a helpful prognostic indicator.

IV. For patients who do not qualify under I, II or III, a recent decline in functional status should be documented

A. Functional decline should be recent, to distinguish patients who are terminal from those with a reduced baseline functional status due to chronic illness. Clinical judgment is required for patients with a terminal condition and impaired status due to a different non-terminal disease, e.g., patient chronically paraplegic from spinal cord injury who is recently diagnosed with cancer.

B. Diminished functional status may be documented by either:
- Palliative Performance Scale <50%
OR
- Dependence in at least 3 of the 6 ADL's

CLINICAL VARIABLES

Clinical variables with general applicability without regard to diagnosis, as well as clinical variables applicable to a limited number of specific diagnoses, are provided. Patients who meet these guidelines are expected to have a life expectancy of 6 months or less if the terminal illness runs its normal course.

Some patients may not meet these guidelines, yet still have a life expectancy of 6 months or less. Coverage for these patients may be approved if documentation of clinical factors supporting a less than 6 month life expectancy not included in these guidelines is provided.

Oasis
Hospice & Palliative Care, Inc.
we bring you refuge

GENERAL GUIDELINES

PROGNOSTIC GUIDELINES

The general guidelines are provided here along with the specific criteria for patients with the following:

- Alzheimer's Disease
- Amyotrophic Lateral Sclerosis (ALS)
- Cachexia
- Cancer
- CVA / Stroke or Coma
- Heart Disease / CHF
- HIV Disease
- Huntington's Disease
- Liver Disease
- Lung Disease / COPD
- Multiple Sclerosis
- Muscular Dystrophy
- Myasthenia Gravis
- Parkinson's Disease
- Renal Failure – Chronic

Appendix Includes:

- BMI Chart
- Functional Assessment Staging (FAST) Scale
- Karnofsky Performance Status Scale (KPS)
- New York Heart Association (NYHA) Functional Classification Scale
- Palliative Performance Scale (PPS)

PROGNOSTIC GUIDELINES

ALZHEIMER'S DISEASE

The patient has both I AND II:

I. Stage VII or beyond according to the Functional Assessment Staging Scale (FAST) with all of the following:
   a. Inability to ambulate without assistance
   b. Inability to dress without assistance
   c. Urinary and fecal incontinence, intermittent or constant
   d. No consistent meaningful/reality based verbal communication; stereotypical phrases or the ability to speak is limited to few intelligible words

AND

II. Has had at least one of the following conditions within the previous twelve months:
   a. Aspiration pneumonia
   b. Pyelonephritis or other upper urinary tract infection
   c. Septicemia
   d. Decubitus ulcers, Multiple and/or Stage III-IV
   e. Fever, recurrent after antibiotics
   f. Inability to maintain sufficient fluid and caloric intake demonstrated by either of the following:
      i. 10% weight loss during the previous six months

      OR

      ii. Serum albumin <2.5gm/dl

In the absence of one or more of these findings, rapid decline or comorbidities may also support eligibility for hospice care.

ALZHEIMER'S DISEASE

AMYOTROPHIC LATERAL SCLEROSIS (ALS)

The patient meets at least one of the following (I or II):

I. Severely impaired breathing capacity with ALL of the following findings:
- Dyspnea at rest
- Vital capacity less than 30%
- Requirement for supplemental oxygen at rest
- The patient declines artificial ventilation

OR

II. Rapid disease progression as evidenced by ALL of the following in the previous 12 months as well as either **a** or **b** below:
- Progression from independent ambulation to wheelchair or bed-bound status
- Progression from normal to barely intelligible or unintelligible speech
- Progression from normal to pureed diet
- Progression from independence in most or all activities of daily living (ADLs) to needing major or complete assistance by caretaker in all ADLs

a. Severe nutritional impairment demonstrated by ALL of the following in the previous 12 months:
    - Oral intake of nutrients and fluids insufficient to sustain life
    - Continuing weight loss
    - Dehydration or hypovolemia
    - Absence of artificial feeding methods

OR

b. Life-threatening complications demonstrated by one or more of the following in the previous 12 months:
    - Recurrent aspiration pneumonia (with or without tube feeding)
    - Upper urinary tract infection (Pyelonephritis)
    - Sepsis
    - Recurrent fever after antibiotic therapy
    - Stage III or Stage IV decubitus ulcer(s)

In the absence of one or more of the above findings, rapid decline or comorbidities may also support eligibility for hospice care.

AMYOTROPHIC LATERAL SCLEROSIS (ALS)

CACHEXIA

The patient meets all of the following (I, II, AND III):

I. Palliative Performance Scale equal to or less than 40% (mostly in bed, requires assistance with ADL)

II. Body Mass Index below 22kg/M²

Body Mass Index Calculator:

$$BMI = \frac{703 \times (\text{patient's weight in pounds})}{(\text{Patient's height in inches})^2}$$

III. The patient declines or is not responding to enteral or parenteral nutritional support

In the absence of one or more of these findings, rapid decline or comorbidities may also support eligibility for hospice.

CACHEXIA

CANCER

The patient has I, II, <u>AND</u> III

I. Clinical findings of malignancy with widespread, aggressive, or progressive disease as evidenced by increasing symptoms, deteriorating lab values and/or evidence of metastatic disease.

II. Impaired performance status with a Palliative Performance Score (PPS) of <70%.

III. Refuses further curative therapy or continues to decline despite definitive therapy.
Decline as evidenced by:
   a. Hypercalcemia ≥ 12
   b. Cachexia or weight loss of 5% in the previous 3 months
   c. Recurrent disease after surgery, radiation, and/or chemotherapy
   d. Signs and symptoms of advanced disease (nausea, anemia, malignant ascites or pleural effusion, etc.)

The following information will be required:

I. Tissue diagnosis of malignancy

OR

II. Reason(s) why a tissue diagnosis is not available

In the absence of one or more of the above findings, rapid decline or comorbidities may also support eligibility for hospice care.

CANCER

CVA / STROKE OR COMA

The patient has both I <u>AND</u> II

I. Poor functional status with Palliative Performance Scale (PPS) of <40% (Unable to care for self)

AND

II. Poor nutritional status with inability to maintain sufficient fluid and calorie intake with either:
   a. > 10% weight loss over the previous six months
   b. > 7.5% weight loss over the previous three months
   c. Serum Albumin <2.5 gm/dl
   d. Current history of pulmonary aspiration without effective response to speech language pathology interventions to improve dysphagia and decrease aspiration events.
   e. Dysphagia severe enough to prevent the patient from receiving food and fluids necessary to sustain life, in a patient who declines or does not receive artificial nutrition and hydration.

Supporting evidence for hospice eligibility:
Coma (and etiology) with three of the following on the third day of coma:

- Abnormal brain stem response
- Absent verbal responses
- Absent withdrawal response to pain
- Serum creatinine >1.5 gm/dl

Documentation of the following factors will support eligibility for hospice care:
Progressive clinical decline, within the previous 12 months, which support a terminal prognosis:

a. Aspiration pneumonia
b. Upper urinary tract infection (pyelonephritis)
c. Sepsis
d. Refractory stage III-IV decubitus ulcers
e. Fever recurrent after antibiotics

Documentation of diagnostic imaging factors which support poor prognosis after stroke include:

I. For non-traumatic hemorrhagic stroke:
   a. Large-volume hemorrhage on CT
      i. Infratentorial ≥20 ml
      ii. Supratentorial ≥ 50ml
   b. Ventricular extension of hemorrhage
   c. Surface area of involvement of hemorrhage ≥ 30% of cerebrum
   d. Midline shift ≥ 1.5 cm
   e. Obstructive hydrocephalus in patient who declines, or is not a candidate for ventriculoperitoneal shunt
II. For thrombotic/embolic stroke:
   a. Large anterior infarcts with both cortical and subcortical involvement
   b. Large bihemispheric infarcts
   c. Basilar artery occlusion
   d. Bilateral vertebral artery occlusion

HEART DISEASE / CHF

The patient has either I or II <u>AND</u> III

I. Poor response to optimal treatment with diuretics, vasodilators, and/or angiotensin converting enzyme (ACE) inhibitors, or patient's choice not to purse.

OR

II. The patient has angina pectoris at rest resistant to standard nitrate therapy and is not a candidate for invasive procedures and/or has declined revascularization procedures.

AND

III. New York Heart Association (NYHA) Class IV symptoms with both of the following:
   a. The presence of significant symptoms of recurrent Congestive Heart Failure (CHF) and/or angina at rest
   b. Inability to carry out even minimal physical activity with symptoms of heart failure (dyspnea and/or angina)

INDICATORS OF POOR PROGNOSIS IN HEART FAILURE:

- Older age
- Hypotension
- Hemoglobin <10 g/dl
- Serum Sodium <136 mEq/L
- Serum Creatinine >2.0 mg/dl
- Elevated Blood Urea Nitrogen (BUN)
- Cardiac Cachexia: Non-intentional non-edema loss of >7.5% of body weight over 6 months
- Depression

SIGNS & SYMPTOMS OF HEART FAILURE:

Left Sided	Right Sided
• Dyspnea • Fatigue • Exercise intolerance • Wheezing • Dizziness, confusion • Cool extremities at rest	• Peripheral edema • Nocturia • Ascites • Congestive hepatomegaly

Supporting evidence for hospice eligibility:

- Echo demonstrating ejection fracture of 20% or less
- Treatment resistant symptomatic dysrhythmias
- History of unexplained or cardiac related syncope
- CVA secondary to cardiac embolism
- History of cardiac arrest or resuscitation

In the absence of one or more of these findings, rapid decline or comorbidities may also support eligibility for hospice care.

HIV DISEASE

The patient must have I, II AND either III or IV

I. At least one of the following conditions
   a. CNS lymphoma
   b. Untreated or refractory wasting (loss of >33% lean body mass)
   c. Mycobacterium avium complex (MAC) bacteremia, untreated, refractory or treatment refused
   d. Progressive multifocal leukoencephalopathy
   e. Systemic lymphoma
   f. Refractory visceral Kaposi's sarcoma
   g. Renal failure in absence of dialysis
   h. Refractory cryptosporidium infection
   i. Refractory toxoplasmosis
   j. Treatment resistant symptomatic dysrhythmias
   k. History of unexpected or cardiac related syncope
   l. CVA secondary to cardiac embolism
   m. History of cardiac arrest or resuscitation

AND

II. Palliative Performance Scale of <50% (requires considerable assistance and frequent medical care, activity limited mostly to bed or chair)

EITHER

III. CD4 + Count <25 cells/mm^3

OR

IV. Persistent viral load >100,000 copies/ml from two or more assays at least one month apart.

Documentation of the following factors will support eligibility for hospice care:

- Chronic persistent diarrhea for one year
- Persistent serum albumin <2.5
- Concomitant, active substance abuse
- Age >50 years
- Absence of antiretroviral, chemotherapeutic and prophylactic drug therapy related specifically to HIV disease
- Advanced AIDS dementia complex
- Toxoplasmosis
- Congestive heart failure, symptomatic at rest
- Advanced liver disease

HUNTINGTON'S DISEASE

The patient has both I AND II:

I. Stage VII or beyond according to the Functional Assessment Staging Scale (FAST) with all of the following:
   a. Inability to ambulate without assistance
   b. Inability to dress without assistance
   c. Urinary and fecal incontinence, intermittent or constant
   d. No consistent meaningful verbal communication

AND

II. Has had at least one of the following conditions within the previous twelve months:
   a. Aspiration pneumonia
   b. Pyelonephritis or other upper urinary tract infection
   c. Septicemia
   d. Decubitus ulcers, Multiple, Stage III-IV
   e. Toxoplasmosis unresponsive to therapy
   f. Fever, recurrent after antibiotics

g. Inability to maintain sufficient fluid and caloric intake with one or more of the following during the previous twelve months:
    i. 10% weight loss during the previous six months

OR

ii. Serum albumin <2.5gm/dl

OR

iii. Significant dysphagia with associated aspiration measured objectively (swallowing test or history of choking/gagging with feedings)

In the absence of one or more of these findings, rapid decline or comorbidities may also support eligibility for hospice care.

HUNTINGTON'S DISEASE

LIVER DISEASE

The patient has both I <u>AND</u> II:

I. Synthetic failure as demonstrated by a or b, and c:

a. Prothrombin time (PTT) prolonged more than five seconds over control

OR

b. International Normalized Ration (INR) > 1.5

AND

c. Serum albumin <2.5gm/dl

AND

II. End-Stage liver disease is present, and the patient has one or more of the following conditions:

a. Ascites, refractory to treatments or patient declines or is non-compliant
b. History of spontaneous bacterial peritonitis
c. Hepatorenal syndrome (elevated creatinine with oliguria <400 ml/day)
d. Hepatic encephalopathy, refractory to treatment or patient non-compliant
e. History of recurrent variceal bleeding despite intensive therapy or patient declines therapy

Supporting evidence for hospice eligibility:

- Progressive malnutrition
- Muscle wasting with reduced strength
- Ongoing alcoholism >80gm ethanol/day
- Hepatocellular carcinoma
- Hepatitis B surface antigen positive
- Hepatitis C refractory to interferon treatment
- Patients who are awaiting liver transplants who otherwise fit the criteria may be certified as hospice appropriate. If a donor organ is produced and the patient is going to pursue that course of a transplant, the patient will be discharged from hospice

In the absence of one or more of these findings, rapid decline or comorbidities may also support eligibility for hospice care.

LUNG DISEASE/COPD

The patient has severe chronic lung disease as documented by I, II, AND III:

I. Disabling dyspnea at rest, poor response to bronchodilators and decreased functional capacity (e.g., bed to chair existence, fatigue and cough)
- An FEV1 <30% is objective evidence for disabling dyspnea but is not required

AND

II. Progression of the disease as evidenced by a recent history of increased visits to the physician office, home or emergency room and/or hospitalizations for pulmonary infections and/or respiratory failure. Documentation of a serial decrease of FEV1> 40mL/year is objective evidence for disease progression, but is not necessary to obtain)

AND

III. Documentation within three months of a or b or both:
a. Hypoxemia at rest (pO2<55mgHg by ABG) or oxygen saturation <88%
b. Hypercapnia evidence by pCO2>50mmHg

Supportive evidence for hospice eligibility:

- Cor pulmonale and right heart failure secondary to pulmonary disease
- Unintentional progressive weight loss > 10% over the preceding six months
- Resting tachycardia >100 bpm

In the absence of one or more of these findings, rapid decline or comorbidities may also support eligibility for hospice care.

MULTIPLE SCLEROSIS

The patient must meet at least one of the following criteria:

I. Severely impaired breathing capacity with all of the following findings:
   a. Dyspnea at rest
   b. Vital capacity less than 30%
   c. The requirement of supplemental oxygen at rest
   d. The patient declines artificial ventilation

OR

II. Rapid disease progression and either III or IV below:
Rapid disease progression as evidenced by all of the following in the previous twelve months:
   a. Progression from independent ambulation to wheelchair or bed-bound status
   b. Progression from normal to barely intelligible or unintelligible speech
   c. Progression from normal to pureed diet
   d. Progression from independence in most or all Activities of Daily Living (ADL) to needing major assistance by caretaker in all ADL

AND

III. Severe nutritional impairment demonstrated by all of the following in the previous twelve months:
   a. Oral intake of nutrients and fluids insufficient to sustain life
   b. Continuing weight loss
   c. Dehydration or hypovolemia
   d. Absence of artificial feeding

OR

IV. Life-threatening complications demonstrated by one or more of the following in the previous twelve months:
   a. Recurrent aspiration pneumonia (with or without feeding tubes)
   b. Upper urinary tract infections (Pyelonephritis)
   c. Sepsis
   d. Recurrent fever after antibiotic therapy
   e. Stage III or IV decubitus ulcer(s)

In the absence of one or more of these findings, rapid decline or comorbidities may also support eligibility for hospice care.

MULTIPLE SCLEROSIS

MUSCULAR DYSTROPHY

The patient must meet at least one of the following criteria:

I. Severely impaired breathing capacity with all of the following findings:
   a. Dyspnea at rest
   b. Vital capacity less than 30%
   c. The requirement of supplemental oxygen at rest
   d. The patient declines artificial ventilation

OR

II. Rapid disease progression and either III or IV below:
Rapid disease progression as evidenced by all of the following in the previous twelve months:
   a. Progression from independent ambulation to wheelchair or bed-bound status
   b. Progression from normal to barely intelligible or unintelligible speech
   c. Progression from normal to pureed diet
   d. Progression from independence in most or all Activities of Daily Living (ADL) to needing major assistance by caretaker in all ADL

AND

III. Severe nutritional impairment demonstrated by all of the following in the previous twelve months:
   a. Oral intake of nutrients and fluids insufficient to sustain life
   b. Continuing weight loss
   c. Dehydration or hypovolemia
   d. Absence of artificial feeding

OR

IV. Life-threatening complications demonstrated by one or more of the following in the previous twelve months:
   a. Recurrent aspiration pneumonia (with or without feeding tubes)
   b. Upper urinary tract infections (Pyelonephritis)
   c. Sepsis
   d. Recurrent fever after antibiotic therapy
   e. Stage III or IV decubitus ulcer(s)

In the absence of one or more of these findings, rapid decline or comorbidities may also support eligibility for hospice care.

MUSCULAR DYSTROPHY

MYASTHENIA GRAVIS

The patient must meet at least one of the following criteria:

I. Severely impaired breathing capacity with all of the following findings:
   a. Dyspnea at rest
   b. Vital capacity less than 30%
   c. The requirement of supplemental oxygen at rest
   d. The patient declines artificial ventilation

OR

II. Rapid disease progression and either III or IV below:
Rapid disease progression as evidenced by all of the following in the previous twelve months:
   a. Progression from independent ambulation to wheelchair or bed-bound status
   b. Progression from normal to barely intelligible or unintelligible speech
   c. Progression from normal to pureed diet
   d. Progression from independence in most or all Activities of Daily Living (ADL) to needing major assistance by caretaker in all ADL

AND

III. Severe nutritional impairment demonstrated by all of the following in the previous twelve months:
   a. Oral intake of nutrients and fluids insufficient to sustain life
   b. Continuing weight loss
   c. Dehydration or hypovolemia
   d. Absence of artificial feeding

OR

IV. Life-threatening complications demonstrated by one or more of the following in the previous twelve months:
   a. Recurrent aspiration pneumonia (with or without feeding tubes)
   b. Upper urinary tract infections (Pyelonephritis)
   c. Sepsis
   d. Recurrent fever after antibiotic therapy
   e. Stage III or IV decubitus ulcer(s)

In the absence of one or more of these findings, rapid decline or comorbidities may also support eligibility for hospice care.

MYASTHENIA GRAVIS

PARKINSON'S DISEASE

The patient must meet at least one of the following criteria:

I. Severely impaired breathing capacity with all of the following findings:
   a. Dyspnea at rest
   b. Vital capacity less than 30%
   c. The requirement of supplemental oxygen at rest
   d. The patient declines artificial ventilation

OR

II. Rapid disease progression and either III or IV below:
Rapid disease progression as evidenced by all of the following in the previous twelve months:
   a. Progression from independent ambulation to wheelchair or bed-bound status
   b. Progression from normal to barely intelligible or unintelligible speech
   c. Progression from normal to pureed diet
   d. Progression from independence in most or all Activities of Daily Living (ADL) to needing major assistance by caretaker in all ADL

AND

III. Severe nutritional impairment demonstrated by all of the following in the previous twelve months:
   a. Oral intake of nutrients and fluids insufficient to sustain life
   b. Continuing weight loss
   c. Dehydration or hypovolemia
   d. Absence of artificial feeding

OR

IV. Life-threatening complications demonstrated by one or more of the following in the previous twelve months:
   a. Recurrent aspiration pneumonia (with or without feeding tubes)
   b. Upper urinary tract infections (Pyelonephritis)
   c. Sepsis
   d. Recurrent fever after antibiotic therapy
   e. Stage III or IV decubitus ulcer(s)

In the absence of one or more of these findings, rapid decline or comorbidities may also support eligibility for hospice care.

PARKINSON'S DISEASE

RENAL FAILURE CHRONIC

The patient has I AND either II OR III:

I. The patient is not seeking dialysis or transplant

II. Creatinine clearance <10cc/min (<15cc/min for diabetics)

Creatinine Clearance Calculation for Men:

$$CrCl = \frac{(140\text{-age, in years}) \times (\text{weight, in Kg})}{72 \times (\text{serum creatine in mg/dl})}$$

Creatinine Clearance Calculation for Women:

$$CrCl = \frac{(140\text{-age, in years}) \times (\text{weight, in Kg})}{72 \times (\text{serum creatine in mg/dl})} \times 0.85$$

III. Serum creatinine >8.0mg/dl (>6.0mg/dl for diabetics)

Supportive evidence for hospice eligibility:

- Uremia
- Oliguria (urine output is less than 400cc in 24 hours)
- Intractable hyperkalemia (greater than 7.0) not responsive to treatment
- Uremic pericarditis
- Hepatorenal syndrome
- Immunosuppression / AIDS
- Intractable fluid overload, not responsive to treatment

RENAL FAILURE CHRONIC

BMI CHART

BMI CHART

Weight	Lbs	100	105	110	115	120	125	130	135	140	145	150	155	160	165	170	175	180	185	190	195	200	205	210	215
	Kgs	45.5	47.7	50.0	52.3	54.5	56.8	59.1	61.4	63.6	65.9	68.2	70.5	72.7	75.0	77.3	79.5	81.8	84.1	86.4	88.6	90.9	93.2	95.5	97.7
Height in/cm		Underweight						Healthy					Overweight					Obese				Extremely Obese			
5'00" - 152.4		19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42
5'01" - 154.9		18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	36	37	38	39	40
5'02" - 157.4		18	19	20	21	22	22	23	24	25	26	27	28	29	30	31	32	33	33	34	35	36	37	38	39
5'03" - 160.0		17	18	19	20	21	22	23	24	24	25	26	27	28	29	30	31	32	32	33	34	35	36	37	38
5'04" - 162.5		17	18	18	19	20	21	22	23	24	24	25	26	27	28	29	30	31	31	32	33	34	35	36	37
5'05" - 165.1		16	17	18	19	20	20	21	22	23	24	25	25	26	27	28	29	30	30	31	32	33	34	35	35
5'06" - 167.6		16	17	17	18	19	20	21	21	22	23	24	25	25	26	27	28	29	29	30	31	32	33	34	34
5'07" - 170.1		15	16	17	18	18	19	20	21	22	22	23	24	25	25	26	27	28	29	29	30	31	32	33	33
5'08" - 172.7		15	16	16	17	18	19	19	20	21	22	22	23	24	25	25	26	27	28	28	29	30	31	32	32
5'09" - 175.2		14	15	16	17	17	18	19	20	20	21	22	22	23	24	25	25	26	27	28	28	29	30	31	31
5'10" - 177.8		14	15	15	16	17	18	18	19	20	20	21	22	22	23	24	25	25	26	27	28	28	29	30	30
5'11" - 180.3		14	14	15	16	16	17	18	18	19	20	21	21	22	23	23	24	25	25	26	27	27	28	29	30
6'00" - 182.8		13	14	14	15	16	17	17	18	19	19	20	21	21	22	23	23	24	25	25	26	27	27	28	29
6'01" - 185.4		13	13	14	15	15	16	17	17	18	19	19	20	21	21	22	23	23	24	25	25	26	27	27	28
6'02" - 187.9		12	13	14	14	15	16	16	17	18	18	19	19	20	21	21	22	23	23	24	25	25	26	27	27
6'03" - 190.5		12	13	13	14	15	15	16	16	17	18	18	19	20	20	21	21	22	23	23	24	25	25	26	26
6'04" - 193.0		12	12	13	14	14	15	15	16	17	17	18	18	19	20	20	21	22	22	23	23	24	25	25	26

Oasis Hospice & Palliative Care, Inc.

APPENDIX – FAST SCALE

Functional Assessment Staging (FAST) Scale

6a	Difficulty in putting clothes on properly without assistance
6b	Unable to bath properly; may develop fear of bathing. Will usually require assistance.
6c	Inability to handle mechanics of toileting (forgets to flush, doesn't wipe properly)
6d	Urinary incontinence, occasional or more frequent
6e	Fecal incontinence, occasional or more frequent
7a	Ability to speak is limited to approximately 6 intelligible words or fewer, in the course of an average day or in the course of an intensive interview
7b	Speech is limited to the use of a single intelligible word in an average day, or in the course of an intensive interview (the person may repeat the word over and over)
7c	Ambulatory ability is lost (cannot walk without personal assistance)
7d	Cannot sit up without assistance (patient would fall over without lateral support on the chair)
7e	Loss of ability to smile
7f	Loss of ability to hold up head independently

APPENDIX – FAST SCALE

APPENDIX – KPS SCALE

Karnofsky Performance Status Scale (KPS)

100%	Normal
90%	Normal activity, minor S&S of disease
80%	Normal activity, moderate S&S of disease
70%	Cares for self, unable to work
60%	Most self-care, occasional assistance
50%	Frequent assistance, medical care required
40%	Disabled, special care
30%	Severely disabled, constant care
20%	Very ill, supportive therapy needed
10%	Moribund, semi-coma
0%	Dead

APPENDIX – KPS SCALE

APPENDIX – NYHA SCALE

New York Heart Association (NYHA) Functional Classification Scale

Class	Functional Capacity: How a patient with cardiac disease feels during physical activity
I	Patients with cardiac disease but resulting in no limitation of physical activity. Ordinary physical activity does not cause undue fatigue, palpitation, dyspnea or anginal pain.
II	Patients with cardiac disease resulting in slight limitation of physical activity. They are comfortable at rest. Ordinary physical activity results in fatigue, palpitation, dyspnea or anginal pain.
III	Patients with cardiac disease resulting in marked limitation of physical activity. They are comfortable at rest. Less than ordinary activity causes fatigue, palpitation, dyspnea or anginal pain.
IV	Patients with cardiac disease resulting in inability to carry on any physical activity without discomfort. Symptoms of heart failure or the anginal syndrome may be present even at rest. If any physical activity is undertaken, discomfort increases.

Class	Objective Assessment
A	No objective evidence of cardiovascular disease. No symptoms and no limitation in ordinary physical activity.
B	Objective evidence of minimal cardiovascular disease. Mild symptoms and slight limitation during ordinary activity. Comfortable at rest.
C	Objective evidence of moderately severe cardiovascular disease. Marked limitation in activity due to symptoms, even during less-than-ordinary activity. Comfortable only at rest.
D	Objective evidence of severe cardiovascular disease. Severe limitations. Experiences symptoms even while at rest.

APPENDIX – NYHA SCALE

APPENDIX – PPS SCALE

Palliative Performance Scale (PPS)

%	Ambulation	Activity	Self-Care	Intake	Consciousness
100%	Full	Normal activity. No evidence of disease	Full	Normal	Full
90%	Full	Normal activity. Some evidence of disease	Full	Normal	Full
80%	Full	Normal activity with effort. Some evidence of disease	Full	Normal or Reduced	Full
70%	Reduced	Unable Normal Job/ Work. Some evidence of disease	Full	Normal or Reduced	Full
60%	Reduced	Unable Hobby/ Housework Significant Disease	Occasional Assistance Necessary	Normal or Reduced	Full or Confusion
50%	Mainly Sit/Lie	Unable to do any work Extensive disease	Considerable assistance required	Normal or Reduced	Full or Confusion
40%	Mainly in bed	As above	Mainly assistance	Normal or Reduced	Full or drowsy or confusion
30%	Totally bedbound	As above	Total care	Reduced	Full or drowsy or confusion
20%	As above	As above	Total care	Minimal Sips	Full or drowsy or confusion
10%	As above	As above	Total care	Mouth care only	Drowsy or coma
0%	Dead				

APPENDIX – PPS SCALE

Oasis Hospice does not discriminate against any persons on the basis of race, color, national origin, religion, disability, sex, age, genetic information, marital status, parental status, sexual orientation, gender identity and/or expression and status as a veteran in the admission for treatment, or participation in its programs, services and activities, or in employment whether carried out by Oasis Hospice directly or through a contractor or any other entity with whom Oasis Hospice engages to carry out hospice programs and activities.

CONTACT US

Oasis Hospice

& Palliative Care, Inc.

11700 S. Western Avenue

Suite 13-14

Chicago, IL 60643

P: (773) 941-4838

F: (773) 941-4324

www.oasishospice.us