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**DETERMINING TERMINAL STATUS**  
**DEMENTIA DUE TO ALZHEIMER'S DISEASE AND RELATED DISORDERS**

**Patient Name:** \_\_\_\_\_ **MR#:** \_\_\_\_ **DOB:** \_\_\_\_\_

**Admission Date:** \_\_\_\_\_ **Attending Physician:** \_\_\_\_\_

Patients will be considered to be in the terminal stage of the individuals' prognosis (**life expectancy of six months or less**) if the terminal illness runs its normal course.

Patients with dementia must show **all** of the following characteristics:

- Stage seven or beyond according to the Functional Assessment Staging Scale.
- Unable to ambulate without assistance.
- Unable to dress without assistance.
- Unable to bathe without assistance.
- Urinary and fecal incontinence – intermittent or constant.
- No consistently meaningful verbal communication; stereotypical phrases only or the ability to speak is limited to six or fewer intelligible words.

Patients should have had one of the following within the past 12 months:

- Aspiration pneumonia.
- Pyelonephritis or other upper urinary tract infection
- Septicemia
- Decubitus ulcers, multiple, stage 3-4
- Fever, recurrent after antibiotics
- Inability to maintain sufficient fluid and calorie intake with 10% weight loss during the previous six months or serum albumin <2.5 gm/dl

**Clinical Status**

Progression of disease as documented by worsening clinical status, symptoms, signs and laboratory results.

- Recurrent or intractable infections such as pneumonia, sepsis or upper urinary tract.
- Weight loss not due to reversible causes such as depression or use of diuretics.
- Decreasing anthropomorphic measurements, not due to reversible causes such as depression or use of diuretics.
- Decreasing serum albumin or cholesterol.
- Dysphagia leading to recurrent aspiration and/or inadequate oral intake documented by decreasing food portion consumption.

Symptoms

- Dyspnea with increasing respiratory rate.
- Cough, intractable.
- Nausea/vomiting poorly responsive to treatment.
- Diarrhea, intractable.
- Pain requiring increasing doses of major analgesics more than briefly.

Signs

- Decline in systolic blood pressure to below 90 or progressive postural hypotension.
- Ascites.
- Venous, arterial or lymphatic obstruction due to local progression or metastatic disease.

- Edema.
- Pleural/pericardial effusion.
- Weakness.
- Change in level of consciousness.

Laboratory (When available. Lab testing is not required to establish hospice eligibility.)

- Increasing pCO<sub>2</sub> or decreasing pO<sub>2</sub> or decreasing SaO<sub>2</sub>.
- Increasing calcium, creatinine or liver function studies.
- Increasing tumor markers (e.g., CEA, PSA).
- Progressively decreasing or increasing serum sodium or increasing serum potassium.
- Decline in Karnofsky Performance Status (KPS) or Palliative Performance Score (PPS) from ≤ 70% due to progression of disease.
- Increasing emergency room visits, hospitalizations, or physician's visits related to hospice primary diagnosis.
- Progressive decline in Functional Assessment Staging (FAST) for dementia (from ≥ 7A on the FAST).
- Progression to dependence on assistance with additional activities of daily living.
- Progressive stage 3-4 pressure ulcers in spite of optimal care.
- Physiologic impairment of functional status as demonstrated by:  
     Karnofsky Performance Status (KPS) or Palliative Performance Score (PPS) from ≤ 70%. Note that two of the disease specific guidelines (HIV Disease, Stroke and Coma) establish lower qualifying KPS or PPS.

Dependence on assistance for two or more activities of daily living (ADLs).

- Feeding
- Ambulation
- Continence
- Transfer
- Bathing
- Dressing

Co-morbidities

- Chronic obstructive pulmonary disease.
- Congestive heart failure.
- Ischemic heart disease.
- Diabetes mellitus.
- Neurologic disease (CVA, ALS, MS, Parkinson's).
- Renal failure.
- Liver disease.
- Neoplasia.
- Acquired immune deficiency syndrome.
- Dementia.

Other comments or supporting documentation:

Please read and/or update this LMRP. If you agree with the documentation defining the terminal status of this patient, please sign below and FAX back.

Evaluation completed by Rainbow Hospice RN \_\_\_\_\_ Date \_\_\_\_\_

**and/or**

\_\_\_\_\_ Date \_\_\_\_\_