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## DETERMINING TERMINAL STATUS HIV DISEASE

**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.

HIV Disease (1 and 2 should be present, factors from 3 will add supporting documentation).

1. CD4+ Count < 25 cells/mcl or persistent (2 or more assays at least one month apart) viral load >100,000 copies/ml, plus one of the following:
  - CNS lymphoma.
  - Untreated, or persistent despite treatment, wasting (loss of at least 10% lean body mass).
  - Mycobacterium avium complex (MAC) bacteremia, untreated, unresponsive to treatment, or treatment refused.
  - Progressive multifocal leukoencephalopathy.
  - Systemic lymphoma, with advanced HIV disease and partial response to chemotherapy.
  - Visceral Kaposi's sarcoma, unresponsive to therapy.
  - Renal failure in the absence of dialysis.
  - Cryptosporidium infection.
  - Toxoplasmosis, unresponsive to therapy.
  
2. Decreased performance status, as measured by the Karnofsky Performance Status (KPS) scale, of  $\leq 50\%$ .
  
3. 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, or resistance to effective 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.

### 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.

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.
- Decline in Karnofsky Performance Status (KPS) or Palliative Performance Score (PPS) from  $\leq 70\%$  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  $\geq 7A$  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  $\leq 70\%$ . 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

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.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_