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**DETERMINING TERMINAL STATUS
LIVER 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.

1. The patient should show both a and b:
 - Prothrombin time prolonged more than 5 seconds over control, or International Normalized Ratio (INR) > 1.5.
 - Serum albumin < 2.5 gm/dl.

2. End stage liver disease is present and the patient shows at least one of the following:
 - Ascites, refractory to treatment or patient non-compliant.
 - Spontaneous bacterial peritonitis.
 - Hepatorenal syndrome (elevated creatinine and BUN with oliguria (< 400 ml/day) and urine sodium concentration < 10 mEq/l).
 - Hepatic encephalopathy, refractory to treatment, or patient non-compliant.
 - Recurrent variceal bleeding, despite intensive therapy.

3. Documentation of the following factors will support eligibility for hospice care:
 - Progressive malnutrition.
 - Muscle wasting with reduced strength and endurance.
 - Continued active alcoholism (> 80 gm ethanol/day).
 - Hepatocellular carcinoma.
 - HbsAg (Hepatitis B) positivity.
 - Hepatitis C refractory to interferon treatment.

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/pericardian effusion.
- Weakness.
- Change in level of consciousness.

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

- Increasing pCO2 or decreasing pO2 or decreasing SaO2.
- 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 $\leq 70\%$ 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

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 and 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 _____