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DETERMINING TERMINAL STATUS RENAL DISEASE

Patient Name:

MR:

DOB:

Admission Date:

Attending Physician:

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

Acute renal failure (1 and either 2 or 3 should be present. Factors from 4 will lend supporting documentation.)

1. Patient is not seeking dialysis or renal transplant, or is discontinuing dialysis.
2. Creatinine clearance < 10 cc/min (< 15 cc/min. for diabetics); or < 15 cc/min (< 20 cc/min for diabetics) with comorbidity of congestive heart failure.
3. Serum creatinine > 8.0 mg/dl (> 6.0 mg/dl for diabetics)
4. Comorbid conditions:
 - Mechanical ventilation.
 - Malignancy (other organ system).
 - Chronic lung disease.
 - Advanced cardiac disease.
 - Advance liver disease.
 - Sepsis.
 - Immunosuppression/AIDS.
 - Albumin < 3.5 gm/dl.
 - Cachexia.
 - Platelet count < 25,000.
 - Disseminated intravascular coagulation.
 - Gastrointestinal bleeding.

Chronic renal failure (1 and either 2 or 3 should be present. Factors from 4 will lend supporting documentation).

1. The patient is not seeking dialysis or renal transplant, or is discontinuing dialysis.
2. Creatinine clearance < 10 cc/min (< 15 cc/min. for diabetics); or < 15 cc/min (< 20 cc/min for diabetics) with comorbidity of congestive heart failure.
3. Serum creatinine > 8.0 mg/dl (> 6.0 mg/dl for diabetics)
4. Signs and symptoms of renal failure:
 - Uremia.
 - Oliguria (< 400 cc/24 hours)
 - Intractable hyperkalemia (> 7.0) not responsive to treatment.
 - Uremic pericarditis.
 - Hepatorenal syndrome.
 - Intractable fluid overload, unresponsive to 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/pericardial 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 the above LMRP. If you agree with the documentation defining the terminal status of this patient, please sign below and FAX back.

Evaluation done by Rainbow Hospice RN _____ Date _____

And/or

Signature _____ **Date** _____