



Ph 920-674-6255 • Fax 920-674-5288

DETERMINING TERMINAL STATUS STROKE AND COMA

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.

Stroke

1. Karnofsky Performance Status (KPA) or Palliative Performance Scale (PPS) of $\leq 40\%$.
2. Inability to maintain hydration and caloric intake with one of the following:
 - Weight loss $> 10\%$ in the last 6 months or $> 7.5\%$ in the last 3 months.
 - Serum albumin < 2.5 gm/dl.
 - Current history of pulmonary aspiration not responsive to speech language pathology intervention.
 - Sequential calorie counts documenting inadequate caloric/fluid intake.
 - Dysphagia severe enough to prevent patient from continuing fluids/foods necessary to sustain life and patient does not receive artificial nutrition and hydration.

Coma (any etiology) Comatose patients with any 3 of the following on day three of coma:

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

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

Documentation of medical complications, in the context of progressive clinical decline, within the previous 12 months, which support terminal prognosis:

- Aspiration pneumonia.
- Upper urinary tract infection (pyelonephritis).
- Sepsis.
- Refractory stage 3-4 decubitus ulcers.
- Fever recurrent after antibiotics.

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

For non-traumatic hemorrhagic stroke:

1. Large-volume hemorrhage on CT:
 - Infratentorial: ≥ 20 ml.
 - Supratentorial: ≥ 50 ml.
2. Ventricular extension of hemorrhage.
3. Surface area of involvement of hemorrhage $\geq 30\%$ of cerebrum.
4. Midline shift ≥ 1.5 cm.
5. Obstructive hydrocephalus in a patient who declines, or is not a candidate for ventriculoperitoneal shunt.

For thrombotic/embolic stroke:

1. Large anterior infarcts with both cortical and subcortical involvement.

2. Large bihemispheric infarcts.
3. Basilar artery occlusion.
4. Bilateral vertebral artery occlusion.

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

- Continenence
- 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:

Signature of RN completing LMRP _____ Date _____

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:** _____