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Hospice Palliative Scales Part I

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Your Life Your Health

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One of the most important aspects of Patient-Centered Medical Home is the systematic discussion of end-of-life decisions with patients, but that, particularly in primary care, has to go beyond code status (whether the patient wants to be resuscitated or not) and whether you want to be placed on a ventilator. It must also include the appropriate recommendation of Hospice Care, not only for cancer patients, but for patients with a number of other medical conditions which limit a person's longevity. Part of the complexity in this process is an objective standard for hospice eligibility, potential length of survival, etc. Hospice agencies use four scales to assess a patient's eligibility. They are:

1. Karnofsky & Lansky Performance Scales
2. Palliative Performance Scale for Cancer Patients
3. Braden Scale Clinically Unavoidable Skin Lesions
4. Functional Assessment Testing Alzheimer's and Related Conditions

SETMA has deployed these four computations to aide in this important process. In addition to Hospice eligibility, number one is helpful in establishing the potential for readmission of patients discharged from the hospital. And number four is an excellent tool of assessment the functional status of patients with dementia.

As end-of-life planning becomes increasingly an important part of patient care, it is important to find ways of quantifying patient's qualification for hospice care and where possible, a means of quantifying a reliable estimate of survival time for patients. While there will never be an absolute, four scores are being used to aid in this process. The first, the Karnofsky Scale, was first described in 1949; the second, the Palliative Performance Scale has been used in cancer patients since 1996; the third the Braden Clinically Unavoidable Skin lesions and the fourth Functional Assessment Testing Alzheimer's and Related Conditions (FAST).

SETMA has deployed all four of these scores, along with a fifth which is the Lansky Scare. The Lansky is like the Karnosky Scale but is used with patients under 16. These tools can be found by going to GP Master Template. In the second column you will find these four scales. They are also deployed on the Master Template in the Hospital Care Summary and Post Hospital Plan of Care and Treatment Plan Suite of templates.

These only need to be completed in patients you are considering referral to hospice care or palliative care. **However, both the Karnofsky and the FAST have value in assessing those patients who are at high risk of readmission.**

The screenshot shows a patient chart for a 31-year-old male. The 'ASSESS' tab is active, displaying several performance scales. A green box highlights the following scores:

- Karnofsky/Lansky: 04/10/2012
- Relative Pain Scale: 04/10/2012
- Braden Scale: 04/10/2012
- FAST Assessment: 04/10/2012

Other visible scores include:

- Fall Risk Assessment: 02/26/2012
- Functional Assessment: 04/10/2012
- Pain Assessment: 04/10/2012
- Stress Assessment: 04/05/2012
- Medicity Assessment: 03/14/2012
- Exercise Assessment: 04/10/2012

A Karnofsky score of 60 or less qualifies a patient for referral to hospice. Below, the SETMA's EMR templates there are more details about both scales.

Karnofsky & Lansky Performance Scales

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| Karnofsky Scale Patients 16 Years And Older | Lansky Scale Patients Less Than 16 Years |
|--|--|
| <p>Able to carry on normal activity; no special care needed</p> <p>Normal, no complaints, no evidence of disease <input type="radio"/> 100</p> <p>Able to carry on normal activity <input type="radio"/> 90</p> <p>Normal activity with effort <input type="radio"/> 80</p> <p>Unable to work, able to live at home, cares for most personal needs, a varying amount of assistance is needed</p> <p>Cares for self, unable to carry on normal activity or to do active work <input type="radio"/> 70</p> <p>Requires occasional assistance but is able to care for most needs <input type="radio"/> 60</p> <p>Requires considerable assistance and frequent medical care <input checked="" type="radio"/> 50</p> <p>Unable to care for self, requires equivalent of institutional or hospital care, disease may be progressing rapidly</p> <p>Disabled, requires special care and assistance <input type="radio"/> 40</p> <p>Severely disabled, hospitalization indicated, although death not imminent <input type="radio"/> 30</p> <p>Very sick, hospitalization necessary <input type="radio"/> 20</p> <p>Moribund, fatal process progressing rapidly <input type="radio"/> 10</p> | <p>Able to carry on normal activity; no special care needed</p> <p>Fully active</p> <p>Minor restriction in physically strenuous play</p> <p>Restricted in strenuous play, tires more easily, otherwise active</p> <p>Mild to moderate restriction</p> <p>Both greater restrictions of, and less time spent in play</p> <p>Ambulatory up to 50% of the time, limited active play with assistance/supervision</p> <p>Considerable assistance required for any active play, fully able to engage in quiet play</p> <p>Moderate to severe restriction</p> <p>Able to initiate quite activities</p> <p>Needs considerable assistance for quiet activity</p> <p>Limited to very passive activity initiated by others (e.g., TV)</p> <p>Completely disabled, not even passive play</p> |

The Palliative Performance Scale for Cancer Patients is found on the same template. This score's results are expressed in "survival time from the point of admission to hospice." The evidence-based literature has only measured this scale in the case of patients with cancer. Further information is found below about this scale.

**Palliative Performance Scale (PPS)
For Cancer Patients**

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1. Enter Ambulation

- Full
- Reduced
- Mainly Sit/Lie
- Mainly In Bed
- Bed Bound

2. Enter Activity Level/Evidence of Disease

- Normal - No Disease
- Normal - Some Disease
- Normal with Effort - Some Disease
- Can't Do Normal Work/Job - Some Disease
- Can't Do Hobbies/Housework - Significant Disease
- Can't Do Any Work - Extensive Disease

>>> Click To Calculate <<<

Estimated Mean Survival In Days

1 to 30 days *Survival post-admission to an inpatient palliative care unit, all diagnoses. (Virik 2002)

1 to 11 days * Days until inpatient death following admission to an acute hospice unit diagnosis not specified (Anderson 1996)

6 to 41 days * Survival post admission to an inpatient palliative unit, cancer patients only. (Morita 1999)

3. Enter Level of Self-Care

- Full
- Occasional Assistance Needed
- Considerable Assistance Needed
- Mainly Assistance Required
- Total Care Required

4. Enter Intake

- Normal
- Normal to Reduced
- Reduced
- Minimal
- Mouth Care Only

5. Enter Level of Consciousness

- Full
- Full or Confusion
- Full or Drowsy or Confusion
- Drowsy or Coma

OK Cancel

The Braden Score was developed in 1988 and has been used by SETMA in the Nursing Home patients since 2002. The Braden is based on 6 categories of evaluation and gives a score which indicates whether or not the patient is susceptible to clinically unavoidable skin lesions.

Braden Scale Clinically Unavoidable Skin Lesions

Sensory Perception

Completely Limited

Very Limited

Slightly Limited

No Impairment

Mobility

Completely Immobile

Very Limited

Slightly Limited

No Limitation

Skin Moisture

Completely Moist

Very Moist

Occasionally Moist

Rarely Moist

Nutrition

Very Poor

Probably Inadequate

Adequate

Excellent

Activity

Bedfast

Chairfast

Walks Occasionally

Walks Frequently

Friction and Shear

Problem

Potential Problem

No Apparent Problem

Score Assessment

Previous Results

| Encounter Date: Time | Score | Assessment |
|----------------------|-------|---|
| 12/02/2009 08:29 AM | 14 | The patient has a high risk for developing clinically unavoidable skin lesions. |
| | | |

A tutorial for this basement can be reviewed at www.jameslhollymd.com under Electronic Patient Management Tools: Nursing Home

Friction and Shear

Problem
Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance. Spasticity, contractures or agitation leads to almost constant friction.

Potential Problem
Moves feebly or requires minimum assistance. During a move skin probably slides to some extent against sheets, chair, restraints or other devices. Maintains relatively good position in chair or bed most of the time but occasionally slide down.

No Apparent Problem
Moves in bed and in chair independently and has sufficient muscle strength to lift up completely during move. Maintains good position in bed or chair.

The fourth tool is the Functional Assessment Testing (FAST) Alzheimer's and Related Disorders. This tool is also valuable to use for cognitive functioning

of patients with dementia but who are either not hospice eligible or not being considered for hospice.

Functional Assessment Testing (FAST) Alzheimer's & Related Disorders

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Check off all symptoms that apply.

- No deficits either objectively or subjectively
- Subjective functional deficits (i.e. complains of forgetting location of objects)
- Objective functional deficit interferes with a person's most complex task (i.e. decreased job functioning evident to co-workers, difficulty in travelling to new locations and decreased organizational capacity)
- IADLS become affected such as bill paying, cooking, cleaning, travelling
- Needs help selecting proper attire (i.e. improperly putting on clothing for the day season or occasion. Patient may wear the same clothing repeatedly if not supervised.)
- Needs assistance in putting on clothes (i.e. improperly putting on clothes without assistance or cueing. Patient may put on street clothes on overnight clothes, have difficulty buttoning clothing.)
- Needs assistance bathing (i.e. difficulty adjusting bath water temperature)
- Needs help toileting (i.e. inability to handle mechanics of toileting. Patient forgets to flush, does not wipe or properly dispose of toilet tissue.)
- Urinary incontinence (intermittent or constant)
- Fecal incontinence (intermittent or constant)
- Speaks 5-6 clear words or fewer during the day
- Speaks only word clearly in an average day. Patient may repeat the same word over and over.
- Can no longer walk without personal assistance
- Can no longer sit up without assistance (i.e. the patient will fall over if there are not lateral supports on the chair.)
- Can no longer smile
- Can no longer hold head up independently

Stage

6

Stage Name

Moderately Severe Dementia

OK

Cancel



Functional Assessment Staging Test

The Functional Assessment Staging Test (FAST) is the most well validated measure of the course of AD in the published, scientific literature.

The stages of Alzheimer's disease as defined by FAST are:

| Stage | Stage Name | Characteristic | Expected Untreated AD Duration (months) | Mental Age (years) | MMSE (score) |
|-------|------------------------------------|--|---|--------------------|--------------|
| 1 | Normal Aging | No deficits whatsoever | -- | Adult | 29-30 |
| 2 | Possible Mild Cognitive Impairment | Subjective functional deficit | -- | | 28-29 |
| 3 | Mild Cognitive Impairment | Objective functional deficit interferes with a person's most complex tasks | 84 | 12+ | 24-28 |
| 4 | Mild Dementia | IADLs become affected, such as bill paying, cooking, cleaning, traveling | 24 | 8-12 | 19-20 |
| 5 | Moderate Dementia | Needs help selecting proper attire | 18 | 5-7 | 15 |
| 6a | Moderately Severe Dementia | Needs help putting on clothes | 4.8 | 5 | 9 |
| 6b | Moderately Severe Dementia | Needs help bathing | 4.8 | 4 | 8 |
| 6c | Moderately Severe Dementia | Needs help toileting | 4.8 | 4 | 5 |
| 6d | Moderately Severe Dementia | Urinary incontinence | 3.6 | 3-4 | 3 |
| 6e | Moderately Severe Dementia | Fecal incontinence | 9.6 | 2-3 | 1 |
| 7a | Severe Dementia | Speaks 5-6 words during day | 12 | 1.25 | 0 |
| 7b | Severe Dementia | Speaks only 1 word clearly | 18 | 1 | 0 |
| 7c | Severe Dementia | Can no longer walk | 12 | 1 | 0 |
| 7d | Severe Dementia | Can no longer sit up | 12 | 0.5-0.8 | 0 |
| 7e | Severe Dementia | Can no longer smile | 18 | 0.2-0.4 | 0 |
| 7f | Severe Dementia | Can no longer hold up head | 12+ | 0-0.2 | 0 |

1. To be eligible for hospice beneficiaries with Alzheimer's disease must have a FAST Scale of greater than or equal to 7. FAST Scale Items:

Stage 1: No difficulty, either subjectively or objectively

Stage 2: Complains of forgetting location of objects; subjective work difficulties

Stage 3: Decreased job functioning evident to coworkers; difficulty in traveling to new locations

Stage 4: Decreased ability to perform complex tasks (e.g., planning dinner for guests, handling finances)

Stage 5: Requires assistance in choosing proper clothing

Stage 6: Decreased ability to dress, bathe, and toilet independently;

Sub-stage 6a: Difficulty putting clothing on properly

Sub-stage 6b: Unable to bathe properly; may develop fear of bathing

Sub-stage 6c: Inability to handle mechanics of toileting (i.e., forgets to flush, does not

wipe properly)

Sub-stage 6d: Urinary incontinence

Sub-stage 6e: Fecal incontinence

Stage 7: Loss of speech, locomotion, and consciousness:

Sub-stage 7a: Ability to speak limited (1 to 5 words a day)

Sub-stage 7b: All intelligible vocabulary lost

Sub-stage 7c: Non-ambulatory

Sub-stage 7d: Unable to sit up independently

Sub-stage 7e: Unable to smile

Sub-stage 7f: Unable to hold head up

2. Documentation of specific secondary conditions (i.e. Pressure Ulcers, UTI, Dysphagia, Aspiration Pneumonia) related to Alzheimer's Disease will support eligibility for hospice care.