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Hospice Palliative Scales Part I
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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:

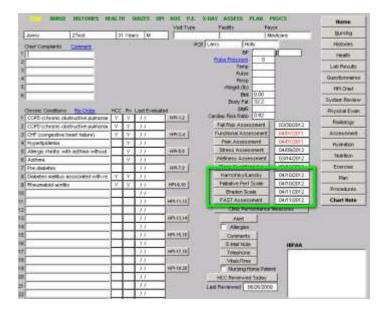
- 1. Karnofsky & Lansky Performance Scales
- 2. Palliative Performance Scale for Cancer Patients
- 3. Braden Scale Clinically Unavoidable Skin Lesions
- 4. Functional Assessment Testing Alzheimer's and Related Conditions

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.

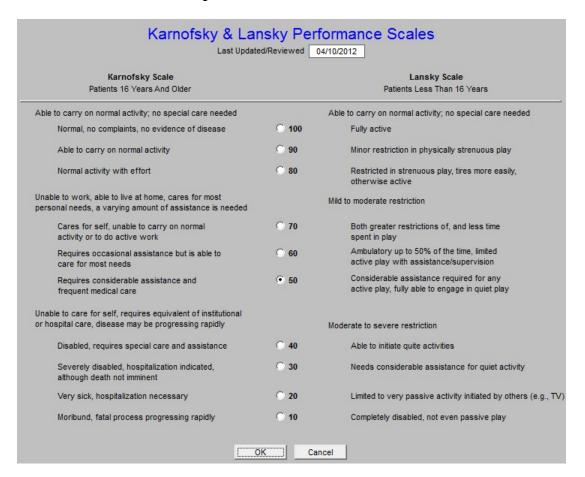
As end-of-life planning becomes increasingly an important part of patient care, it is important to find ways of quantifying patient's qualification for hospice care and where possible, a means of quantifying a reliable estimate of survival time for patients. While there will never be an absolute, four 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.



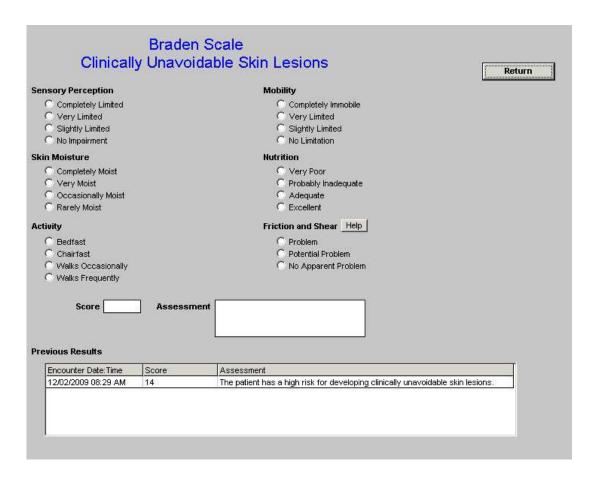
A Karnofsky score of 60 or less qualifies a patient for referral to hospice. Below, the SETMA's EMR templates there are more details about both scales.



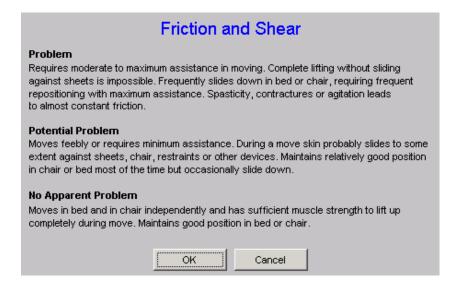
The Palliative Performance Scale for Cancer Patients is found on the same template. This score's results are expressed in "survival time from the point of admission to hospice." The evidence-based literature has only measured this scale in the case of patients with cancer. Further information is found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

Palliative Performance Scal							
For Cancer Patients							
Last Updated/Reviewed 04/10/2012							
1. Enter Ambulation							
C Full							
C Reduced							
Mainly Sit/Lie							
Mainly In Bed							
Bed Bound							
2. Enter Activity Level/Evidence of Disease	>>> Click To Calculate <<<						
Normal - No Disease	Estimated Mean Survival In Days						
Normal - Some Disease	•						
Normal with Effort - Some Disease	30 days *Survival post-admission to an						
Can't Do Normal Work/Job - Some Disease	days Survival post-admission to an inpatient palliative care unit, all						
Can't Do Hobbies/Housework - Significant Disease	diagnoses. (Virik 2002)						
Can't Do Any Work - Extensive Disease							
3. Enter Level of Self-Care 1 to	11 days * Days until inpatient death following						
C Occasional Assistance Needed	admission to an acute hospice unit diagnosis not specified (Anderson 1996)						
C Considerable Assistance Needed	diagnosis not specified (Anderson 1990)						
Considerable Assistance Reduired 6 to	41 days * Survival post admission to an inpatient						
Total Care Required	palliative unit, cancer patients only.						
4. Enter Intake	(Morita 1999)						
O Normal							
O Normal to Reduced							
C Reduced							
C) Minimal							
Mouth Care Only							
5. Enter Level of Consciousness							
C) Full							
C Full or Confusion							
C Full or Drowsy or Confusion	:1						
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.



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



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					
Last Updated/Reviewed 04/11/2012					
Check off all symptoms that apply.					
✓ No deficits either objectively or subjectively					
✓ Subjective functional deficits (i.e. complains of forgetting locaiton of objects)					
Objective functional deficit interferes with a person's most complex task (i.e. decreased job fuctioning 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 (intermittment 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					
Can no longer hold head up independently					
Stage Stage Name 6 Moderately Severe Dementia					
o Model ately Severe Definer tha					
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	220		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
60	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.