

**Hospice of the Piedmont**  
**Guideline Worksheet for Determining Terminal Prognosis – Alzheimer’s Disease & Related Disorders – Initial Certification**

**Patient Name:** \_\_\_\_\_ **ID#** \_\_\_\_\_ **Certification Date:** \_\_\_\_\_

The following criteria will support a prognosis of six months or less if the terminal illness runs its normal course for patients with **Alzheimer’s Disease or Related Disorders** on initial certification.

**THIS SECTION IS SPECIFIC FOR ALZHEIMER’S DISEASE AND REALTED DISORDERS, AND IS NOT APPROPRIATE FOR OTHER TYPES OF DEMENTIA, SUCH AS MULTI INFARCT DEMENTIA.**

**Non-disease specific baseline guidelines: (both 1 and 2 should be met)**

- 1) **Physiologic impairment of function status** as demonstrated by:
  - a) Karnofsky Performance Status (KPS) or Palliative Performance Score (PPS)  $\leq$  **70%** due to progression of disease  
**KPS or PPS (circle one) Score:** \_\_\_\_\_%
- 2) **Dependence** on assistance for **2 or more** activities of daily living (ADLs):
 

<input type="checkbox"/> Feeding	<input type="checkbox"/> Ambulation	<input type="checkbox"/> Continence
<input type="checkbox"/> Transfer	<input type="checkbox"/> Bathing	<input type="checkbox"/> Dressing

**PLUS**

**Disease Specific Guidelines:**

Patients should<sup>1</sup> show **ALL** of the following characteristics:

- Stage 7 or beyond** according to the **Functional Assessment Staging (FAST)** Scale

**STAGE** \_\_\_\_\_

Patients should<sup>1</sup> have had **one** of the following **within the past 12 months**:

- Aspiration pneumonia
- Pyelonephritis or other upper urinary tract infection
- Septicemia
- Decubitus ulcers, multiple, stage 3-4
- Fever, recurrent **after** antibiotics
- Inability to maintain sufficient fluid and calorie intake **with 10% weight loss during the previous six months or serum albumin <2.5 gm/dl**
- Wt. Loss during previous 6 months:** \_\_\_\_\_ lbs. or  **Serum Albumin** \_\_\_\_\_ gm/dl

**Comorbidities:** A diagnosis that is not the primary hospice diagnosis nor related to the primary hospice diagnosis, but the presence and severity of such disease is likely to contribute to a life expectancy of 6 months or less. Such diseases are not related to the hospice diagnosis and do not therefore imply financial responsibility under the hospice benefit.

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Chronic obstructive pulmonary disease (COPD)     | <input type="checkbox"/> Diabetes Mellitus      | <input type="checkbox"/> Renal failure |
| <input type="checkbox"/> Congestive heart failure (CHF)                   | <input type="checkbox"/> Liver Disease          | <input type="checkbox"/> Neoplasia     |
| <input type="checkbox"/> Neurological disease (CVA, ALS, MS, Parkinson’s) | <input type="checkbox"/> Ischemic heart disease | <input type="checkbox"/> Dementia      |
| <input type="checkbox"/> Acquired immune deficiency syndrome (AIDS)       |   |  |

Form completed by: \_\_\_\_\_ Date: \_\_\_\_\_

<sup>1</sup>The word “should” in the disease specific guidelines means that on medical review the guideline so identified will be given great weight in making coverage determination but does not mean, however, that meeting the guideline is obligatory.