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 RELATED 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) < 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):
   □ Feeding    □ Ambulation    □ Continence
   □ Transfer   □ Bathing      □ Dressing

   PLUS

Disease Specific Guidelines:
Patients should 1 show ALL of the following characteristics:

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

STAGE___________

Patients should 1 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.

□ Chronic obstructive pulmonary disease (COPD)   □ Diabetes Mellitus   □ Renal failure
□ Congestive heart failure (CHF)   □ Liver Disease   □ Neoplasia
□ Neurological disease (CVA, ALS, MS, Parkinson’s) □ Ischemic heart disease □ Dementia
□ Acquired immune deficiency syndrome (AIDS)

Form completed by: ______________________________________________________ Date:  ___________________________

1The 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.