

# Palliative Performance Scale (PPS)

%	Ambulation	Activity and Evidence of Disease	Self-Care	Intake	Level of Conscious
100	Full	Normal activity, no evidence of disease	Full	Normal	Full
90	Full	Normal activity, some evidence of disease	Full	Normal	Full
80	Full	Normal activity with effort, some evidence of disease	Full	Normal or reduced	Full
70	Reduced	Unable to do normal work, some evidence of disease	Full	Normal or reduced	Full
60	Reduced	Unable to do hobby or some housework, significant disease	Occasional assist necessary	Normal or reduced	Full or confusion
50	Mainly sit/lie	Unable to do any work, extensive disease	Considerable assistance required	Normal or reduced	Full or confusion
40	Mainly in bed	Unable to do any work, extensive disease	Mainly assistance	Normal or reduced	Full, drowsy, or confusion
30	Totally bed bound	Unable to do any work, extensive disease	Total care	Reduced	Full, drowsy, or confusion
20	Totally bed bound	Unable to do any work, extensive disease	Total care	Minimal sips	Full, drowsy, or confusion
10	Totally bed bound	Unable to do any work, extensive disease	Total care	Mouth care only	Drowsy or coma
0	Death				

## Hospice Eligibility Criteria

Patient has a terminal illness with a life expectancy of 6 months or less

### CANCER

**Pt meets ALL of the following:**

1. Clinical findings of malignancy with widespread, aggressive or progressive disease as evidenced by increasing sx, worsening lab values and/or evidence of metastatic disease
2. PPS <70%
3. Refuses further life-prolonging therapy

**OR**

Continues to decline in spite of definitive therapy

**Supporting documentation includes:**

Hypercalcemia >12  
 Cachexia or weight loss > 5% in past 3 months  
 Recurrent disease after surgery/radiation/chemo  
 Signs/sxs of advanced disease (e.g. nausea, requirement for transfusions, malignant ascites or pleural effusion, etc.)

### RENAL FAILURE

Pt refuses dialysis or renal transplant (or requests to discontinue dialysis)

**AND**

Creatinine clearance is <10 (<15 for diabetics)

**AND**

Serum creatinine >8 (> 6 for diabetics)

**Supporting documentation for CRF:**

Uremia, oliguria (urine output <400cc/24hrs), intractable hyperkalemia (>7), uremic pericarditis, hepatorenal syndrome, intractable fluid overload

**Supporting documentation for ARF:**

Mechanical ventilation, malignancy (other organ system), chronic lung disease, advanced cardiac disease, advanced liver disease

### DEMENTIA

Stage 7C or beyond according to FAST Scale

**AND**

One or more in the 12 months:

Aspiration pneumonia

Pyelonephritis

Septicemia

Multiple pressure ulcers (stage 3-4)

Recurrent Fever

Inability to maintain sufficient fluid and calorie intake in past 6 months (10% weight loss or albumin <2.5)

Other significant condition that suggests limited prognosis

## Functional Assessment Scale (FAST)

1	No difficulty either subjectively or objectively.
2	Complains of forgetting location of objects. Subjective work difficulties.
3	Decreased job functioning evident to co-workers. Difficulty in traveling to new locations. Decreased organizational capacity. *
4	Decreased ability to perform complex task, (e.g., planning dinner for guests, handling personal finances, such as forgetting to pay bills, etc.)
5	Requires assistance in choosing proper clothing to wear for the day, season or occasion, (e.g. pt may wear the same clothing repeatedly, unless supervised.*
6	Occasionally or more frequently over the past weeks. * for the following <b>A)</b> Improperly putting on clothes without assistance or cueing . <b>B)</b> Unable to bathe properly ( not able to choose proper water temp) <b>C)</b> Inability to handle mechanics of toileting (e.g., forget to flush the toilet, does not wipe properly or properly dispose of toilet tissue) <b>D)</b> Urinary incontinence <b>E)</b> Fecal incontinence
7	<b>A)</b> Ability to speak limited to approximately ≤ 6 intelligible different words in the course of an average day or in the course of an intensive interview. <b>B)</b> Speech ability is limited to the use of a single intelligible word in an average day or in the course of an intensive interview <b>C)</b> Ambulatory ability is lost (cannot walk without personal assistance.) <b>D)</b> Cannot sit up without assistance (e.g., the individual will fall over if there are not lateral rests [arms] on the chair.) <b>E)</b> Loss of ability to smile. <b>F)</b> Loss of ability to hold up head independently.

\*Scored primarily on information obtained from a knowledgeable informant.  
 Psychopharmacology Bulletin, 1988 24:653-659.

## HEART DISEASE

**CHF NYHA Class IV** --> Significant  
sxs at rest

### AND

Inability to carry out minimal physical  
activity without dyspnea or angina

### AND

Optimally treated: diuretics,  
vasodilators, ACEI, hydralazine, nitrates

### OR

Angina at rest, resistant to standard nitrate tx, and  
either not a candidate for/or declined invasive  
procedures

### Supporting documentation:

EF <20%, treatment resistant symptomatic  
dysrhythmias  
h/o cardiac related syncope, CVA 2/2 cardiac  
embolism  
H/o cardiac resuscitation, concomitant HIV disease

## HIV/AIDS

CD4+ <25 **OR** Viral load >100,000

### AND

At least 1: CNS lymphoma, untreated or refractory  
wasting (loss of >33% lean body mass), MAC  
bacteremia, PML, systemic lymphoma, visceral ICS,  
RF on no HD, cyptosporidium infection, refractory  
toxoplasmosis

### AND

PPS <50%

## LIVER DISEASE

ESLD as demonstrated by:

PT > 5 sec **OR** INR > 1.5

### AND

Serum albumin <2.5

### AND

One or more of the following:

Refractory ascites, h/o SBP, hepatorenal  
syndrome, refractory hepatic  
encephalopathy, h/o recurrent variceal bleeding

### Supporting Documentation:

Progressive malnutrition, muscle wasting with dec.  
strength, ongoing alcoholism (>80 gm  
ethanol/day), hepatocellular CA HBSAg positive,  
Hep. C refractory to treatment

## PULMONARY DISEASE

Patient has ALL of the following:

Disabling dyspnea at rest

Little/no response to bronchodilators

Decreased functional capacity -->

bed to chair existence, fatigue,

cough

### AND

Progression of disease --> recent  
increasing office, home, ED visits and/or  
hospitalizations for pulmonary infection and/or  
respiratory failure

### AND

Documentation within past 3 months:  
RA hypoxemia at rest (pO2 <55 by ABG)  
or O2 sat <88%  
or hypercapnia pCO2 >50

### Supporting documentation:

Cor pulmonale and right heart failure, unintentional  
progressive weight loss

## NEUROLOGIC DISEASE:

**Chronic degenerative conditions such as ALS,  
Parkinson's, Muscular Dystrophy, Myasthenia Gravis or  
Multiple Sclerosis)**

Critically impaired breathing capacity, with all:

Dyspnea at rest, vital capacity <30%, needs O2 at rest, refuses  
artificial ventilation

### OR

Rapid disease progression with progression from:

Independent ambulation to wheelchair or bed-bound status

Normal to barely intelligible or unintelligible speech

Normal to pureed diet

Independence in most ADLs to needing major assistance in all  
ADLs

### AND

Critical nutritional impairment demonstrated by all of the  
following in the preceding 12 months:

Oral intake of nutrients/fluids insufficient to sustain life

Continuing weight loss

Dehydration or hypovolemia

Absence of artificial feeding methods

### OR

Life-threatening complications in the past 12 months > 1:

Recurrent aspiration pneumonia, pyelonephritis, sepsis,

recurrent fever, stage 3 or 4 pressure ulcers

## STROKE OR COMA

PPS <40%

### AND

Poor nutritional status with inability to maintain sufficient fluid  
and calorie intake with >1 of the following:

>10% weight loss in past 6 months

>7.5% weight loss in past 3 months

Serum albumin <2.5

Current history of pulmonary aspiration without effective  
response to speech therapy interventions to improve  
dysphagia and decrease aspiration events

### Supporting documentation includes:

Coma (any etiology) with 3 of the following on the 3rd day of  
coma:

Abnormal brain stem response

Absent verbal responses

Absent withdrawal response to pain

Post anoxic stroke

Serum creatinine > 1.5

### \*\*\*Other Terminal Illness

If pt does not meet any of the above guidelines, pt may still be  
eligible if documentation strongly supports a prognosis of less  
than 6 months

ie. Sepsis, Severe limb-threatening ischemia due to PVD

\*Adult Failure to Thrive cannot be used as a principal dx

### \*\*\*Inpatient Unit (IPU) - Eligibility

Symptoms that cannot be managed in any other setting (i.e. pt  
requires IV pain medications/anti-emetics, uncontrolled

dyspnea, frequent suctioning, intensive wound care)

Documentation of ongoing IPU eligibility required daily

Intended to be short-term

Imminent death - **only** if skilled nursing needs

Inpatient facilities ABQ, NM - Kindred Hospice and Presbyterian  
Hospice