

## PALLIATIVE PERFORMANCE SCALE (PPS)

%	Ambulation	Activity and Evidence of Disease	Self-Care	Intake	Level of Consciousness
100	Full	Normal activity, no evidence of disease	Full	Normal	Full
90	Full	Normal activity, no 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 housework, significant disease	Full	Normal or reduced	Full or confusion
50	Mainly in bed	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				

### Functional Assessment Staging (FAST) for Dementia (Check highest consecutive level of disability)

1. No difficult 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 tasks. e.g., planning dinner for guests, handling personal finances (such as forgetting to pay bills), difficulty marketing, etc.
5. Requires assistance in choosing proper clothing to wear for the day, season or occasion, e.g. patient may wear the same clothing repeatedly, unless supervised.
6. a) Improperly putting on clothes without assistance or cuing (e.g., may put street clothes on over night clothes, or put shoes on wrong feet, or have difficulty buttoning clothing) occasionally or more frequently over the past two weeks.  
b) Unable to bathe properly (e.g. difficulty adjusting bath-water temperature) occasionally or more frequently over the past weeks.
7. a) Ability to speak limited to approximately a half a dozen intelligible different words or fewer, in the course of an average day or in the course of an intensive interview.  
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 (may repeat the word over and over).  
c) Ambulatory ability is lost (cannot walk without personal assistance).  
d) Cannot sit up without assistance (e.g., the individual will fall over if there are no lateral rests (arms) on the chair).  
e) Loss of ability to smile.  
f) Loss of ability to hold up head independently.
- c) Inability to handle mechanics of toileting (e.g. forgets to flush the toilet, does not wipe properly or properly dispose of toilet tissue) occasionally or more frequently over the past few weeks.
- d) Urinary incontinence (occasionally or more frequently over the past weeks).
- e) Fecal incontinence (occasionally or more frequently over the past weeks).

## End-Stage Disease INDICATORS For Non-Cancer Diagnosis



*This brochure is provided to assist physicians to determine when patients qualify and are appropriate for hospice services. These guidelines serve as a starting point to use in determining prognosis. Increased access to hospice care for patients with diagnoses across the medical spectrum is our goal.*

**HOSPICE & PALLIATIVE CARE**  
of the Piedmont

408 West Alexander Avenue  
Greenwood, South Carolina 29646  
864.227.9393  
Fax 864.227.9377  
hospicepiedmont.org

## Adult Malnutrition or Severe Protein Calorie Malnutrition

- PPS is < 40%
- Dependent for > 2 ADL's
- BMI < 22
- Weight loss (> 10% in 6 months, > 5% in 3 months)
- Loss of muscle mass, subcutaneous fat
- Patient/family/DPOA wants hospice care and is refusing curative treatment
- Infections (aspiration pneumonia, urinary tract infections, etc.)
- Serum albumin of < 2.5
- Stage 3-4 pressure ulcers
- Increased utilization of medical resources including hospitalizations, ER visits, doctor's office visits

## ALS

- Unable to walk, needs assistance with ADL's
- Barely intelligible speech
- Difficulty swallowing
- Critical nutritional impairment
- Declines feeding tube
- Significant dyspnea at rest
- Declines assisted ventilation
- Medical complications – pneumonia, URI, sepsis

## CVA and Coma

- Decreased level of consciousness coma, persistent vegetative state beyond 3 days
- Dysphagia
- Age > 70
- PPS <= 40%
- Paralysis
- Post-stroke dementia
- Impaired nutritional status (despite feeding tube, if present)
- Medical complications present
- Family wants palliative care

## Dementia (Functional Assessment Staging 7)

- Unable to walk without assistance
- Urinary and fecal incontinence
- Speech limited to <= 6 words/day
- Unable to dress without assistance
- Unable to sit up or hold head up
- Complications: Aspiration pneumonia, UTI, sepsis, decubiti
- Difficulty swallowing/eating
- Impaired nutritional status with progressive weight loss regardless of artificial nutrition

## HIV Disease

The patient must have either:

- CD4 + Count < 25 cells/mm<sup>3</sup>  
OR
- Viral load > 100,000 copies/mL

Plus one of the following:

- CNS/systemic lymphoma
- Untreated or refractory wasting
- PML (Progressive multifocal leukoencephalopathy)
- Cryptosporidiosis
- MAC (mycobacterium avium complex)
- Visceral Kaposi's sarcoma, unresponsive to treatment
- Toxoplasmosis
- Cytomegalovirus
- AIDS dementia
- Current substance abuse
- Decision to forgo antiretroviral, chemotherapeutic and prophylactic drug therapy

## Heart Disease

- NYHA (New York Heart Association) Class IV
- Discomfort with physical activity
- Symptomatic despite maximal medical management with diuretics and vasodilators
- Arrhythmias resistant to treatment
- Ejection fraction <= 20%
- History of cardiac arrest
- Cardiogenic embolic CVA

## Liver Disease

- No liver transplant
- PTT > 5 sec above control
- Serum albumin < 2.5g/dl
- Ascites despite maximum diuretics
- Peritonitis
- Hepatorenal syndrome
- Encephalopathy with asterixis, somnolence, coma
- Recurrent variceal bleeding
- Progressive malnutrition with weight loss and muscle wasting

## Pulmonary Disease – COPD

- Dyspnea at rest
- FEV1 < 30% after bronchodilators (if available)
- Recurrent pulmonary infections
- Cor pulmonale / right heart failure
- pO2 <= 55mm Hg; O2 sat <= 88% (on O2)
- Weight loss > 10% in past 6 months
- Resting tachycardia > 100/min

## Renal Disease

- Creat. Clear. < 10cc/min
- (< 15cc/min in diabetics)
- No dialysis, no renal transplant
- Signs of uremia (confusion, nausea, pruritus, restlessness, pericarditis)
- Intractable fluid overload
- Oliguria < 400cc/24 hrs
- Hyperkalemia > 7.0 mEq/L not responsive to medical treatment

## **New York Heart Association (NYHA) Functional Classification**

**Class IV.** Patients with cardiac disease resulting in inability to carry on any physical activity without discomfort. Symptoms of heart failure or of the anginal syndrome may be present even at rest. If any physical activity is undertaken, discomfort is increased.

**If unsure that patient qualifies, call  
Hospice & Palliative Care of the Piedmont 864.227.9393.**