

**CALL US if a patient exhibits ONE or MORE of the following indicators:  
(301) 921-4400**

**Heart Disease - CHF**

- NYHA Class IV; discomfort with physical activity
- Symptomatic despite maximal medical management with diuretics and vasodilators
- Arrhythmias resistant to treatment
- Ejection fraction < 20%

**Pulmonary Disease-COPD**

- Dyspnea at rest
- FEV1<30% after bronchodilators
- Recurrent pulmonary infections
- Right heart failure
- pO2 <55mm Hg; or PCO2 > 50 mm Hg
- O2 sat <88% (on O2)

**Renal Disease**

- Creatinine Clearance <10cc/min (<15cc/min in diabetics) and serum creat > 8.0
- No dialysis, no renal transplant
- Signs of uremia (confusion, nausea, pruritus)
- Pericarditis
- Intractable fluid overload
- Hepatorenal Syndrome
- Oliguria <400cc/24 hrs
- Hyperkalemia >7.0 mEq/L

**Dementia**

- 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
- Medical Complications: Aspiration pneumonia, pyelonephritis, sepsis, decubiti
- Inability to sustain weight or weight loss > 10% in last 6 months

**Amyotrophic Lateral Sclerosis (ALS)**

- Significant dyspnea, on O2 at rest
- Declines assisted ventilation
- Medical complications - Pneumonia, pyelonephritis, sepsis; multiple complicated decubiti ; weight loss; declines tube feeding

**HIV/AIDS**

- Not a candidate for retroviral therapy
- CD4<25/ml OR Viral load >100,000/ml
- Wasting syndrome
- Other life threatening complications

**Cancer**

- Metastatic disease
- Lack of response to treatment
- Patient declines further aggressive therapy

**Liver Disease**

- Endstage cirrhosis, not a candidate for liver transplant
- Prothrombin time >5 sec above control
- Serum albumin <2.5g/dl
- Ascites despite maximum diuretics
- Peritonitis
- Hepatorenal syndrome
- Encephalopathy with asterixis, somnolence, coma
- Recurrent variceal bleeding

**CVA and Coma**

- Coma or persistent vegetative state for more than 3 days
- Inability to maintain fluid / caloric intake to sustain life

**CORE INDICATORS**

- Physical / functional decline
- Weight Loss >10% in last six months
- Multiple comorbidities

Karnofsky Performance Scale	%	Palliative Performance Scale
Normal, no complaints, no evidence of disease.	100	Full: Normal activity & work, no evidence of disease.
Able to carry on normal activity, minor signs or symptoms of disease.	90	Full: Normal activity & work, some evidence of disease.
Normal activity with effort, some signs or symptoms of disease.	80	Full: Normal activity with effort, some evidence of disease.
Cares for self, unable to carry on normal activity or active work.	70	Reduced: Unable to do normal job/work, significant disease.
Requires occasional assistance; able to care for most of own needs.	60	Reduced: Unable to do hobby/housework, significant disease.
Requires considerable assistance and frequent medical care.	50	Mainly sit/lie: Unable to do any work, extensive disease.
Disabled, requires special care and assistance.	40	Mainly in bed: Unable to do most activity, extensive disease. Normal or reduced oral intake.
Severely disabled, hospitalization indicated although death not imminent.	30	Totally bed bound: Unable to do any activity, extensive disease, reduced oral intake.
Very sick, hospitalization necessary, active supportive treatment necessary.	20	Totally bed bound: Unable to do any activity, extensive disease, minimal oral intake.
Moribund, fatal processes progressing rapidly.	10	Unable to do any activity, extensive disease, minimal or no oral intake, mouth care for comfort.

This scale allows patients to be classified as to their functional decline. It can be used to compare effectiveness of different therapies or to assess the prognosis in individual patients. **If a patient score is 50 or less, he or she might be eligible for Montgomery Hospice's services.**