

Dementia

This worksheet is a guide for initial and re-certification assessments. It must be accompanied by narrative documentation. Construct a narrative from the information on this worksheet and from the physician and record on back. The patient should be re-evaluated at specific intervals set by the interdisciplinary team.

Patient Name: _____ MR#: _____ Date _____

All of the following must be present as evidence of Hospice appropriateness.

1. Patient should be at or beyond Stage 7 of the Functional Assessment Staging Scale.

Check Level:

- 7A.** Ability to speak is limited to 1 to 5 intelligible words in the course of a day.
- 7B.** All intelligible vocabulary is lost.
- 7C.** Ambulatory ability is lost (cannot walk without personal assistance).
- 7D.** Cannot sit up independently (e.g., patient will fall over if there are not lateral arm rests on the chair).
- 7E.** Unable to smile
- 7F.** Unable to hold up head

2. Patient should show all of the following characteristics. *Check all that apply:*

- Unable to ambulate without assistance
- Unable to dress without assistance
- Unable to bathe without assistance
- Incontinence of urine and stool occasionally or constantly
- Unable to speak or communicate meaningfully (see 7A above)

3. Patient must have had one of the following during the past year:

(Check all that are appropriate.)

- 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 prior six (6) months or serum albumin less than 2.5 gm/dl

Narrative Summary of Prognosis Documentation

Documentation should be complete, consistent, concise, specific, measurable, and descriptive.

Patient Name: _____ MR#: _____

Diagnosis— Present underlying illness(es) and all other illness(es) affecting the terminal diagnosis:

Co-morbidity that affects the prognosis:

History and progression of the illness(es):

Physical baseline (e.g., weight and weight change, vital signs, heart rhythms, rales, degree of edema):

Laboratory (if pertinent):

Physician's prognosis stating why there is a life expectancy of six (6) months or less (e.g., patient depressed, will not eat and does not want anything done, or has had optimal therapy for illness.):

RN Signature

Date

Physician Signature

Date