



## Hospice REQUEST FOR ASSESSMENT

Fax to: 902-678-6557

**PLEASE NOTE: Incomplete forms will not be accepted.**

Hospice is appropriate for patients who require end of life care. Patients have a life expectancy of less than 3 months and a PPS of 50 % or less. The patient / family have care needs that cannot be met at home but do not require the care of an acute care facility.

Home Address: _____ _____		Personal Directive: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Phone Number: _____		Delegate / SDM name & relationship: _____ _____	
Alternate contact name & relationship: _____ _____		Phone Number: _____	
Phone Number: _____		<b>Primary Care Physician / NP:</b>	
Palliative Care Home Drug Program: <input type="checkbox"/> Yes <input type="checkbox"/> No		Name: _____	
Is Continuing Care Nova Scotia involved? <input type="checkbox"/> Yes <input type="checkbox"/> No		Phone: _____ Fax: _____	
		<b>Current Location:</b> <input type="checkbox"/> Home	
		<input type="checkbox"/> Hospital / unit: _____ Unit Phone #: _____	
		<input type="checkbox"/> Other: _____	
Please attach either a signed DNR form or a signed NSH Goals of Care Form with Level of Intervention: <b>"Comfort is the primary goal of care."</b>			
At this time, please <b>review</b> the Hospice Admission Agreement with your patient (see attached).			
<b>Primary Diagnosis:</b> _____		<b>Date of Diagnosis:</b> _____ (YYYY/MON/DD)	
<b>Other significant medical conditions</b> (e.g. seizures, Type I Diabetes): _____ _____			
Is the patient aware of their prognosis? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is Pt / Delegate / SDM aware of this request? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have funeral arrangements been discussed? <input type="checkbox"/> Yes – <i>Details:</i> _____ <input type="checkbox"/> No			
<b>Estimated Prognosis:</b> <input type="checkbox"/> Days to weeks <input type="checkbox"/> Weeks to less than 3 months			
<b>Functional status:</b> Palliative Performance Score* at referral: _____ % <b>(must be less than or equal to 50 %)</b> <small>* Scoring guidelines on reverse</small>			
Is a Palliative Care Consult Service involved in patient's care? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Not a requirement for sending form.)</i>			
<b>Reason(s) for referral</b> – check all that apply:		<b>MRSA:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>VRE:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Symptom management – please specify symptom(s): _____ _____		<b>C. Diff:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>TB:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Patient / family psychosocial needs: _____ _____		<b>Other:</b> _____	
<input type="checkbox"/> Home death not desirable / feasible		<b>COVID test date:</b> _____ <input type="checkbox"/> Positive <input type="checkbox"/> Negative <small>(YYYY/MON/DD)</small>	
<input type="checkbox"/> Other: _____		Wounds: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>If clinical situation is urgent, MD / NP to MD contact by phone is required 902-678-6555 / 6556.</b>		Pressure Injuries: <input type="checkbox"/> Yes, stage: _____ <input type="checkbox"/> No	
Your Name: _____		Oxygen: <input type="checkbox"/> Yes, _____ L/min <input type="checkbox"/> No	
Phone Number: _____		Cognitive Impairment: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Email Address: _____		Aggressive behaviour: <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Wandering: <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Recent falls: <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Referring MD / NP name (if different from person completing form): _____	
		Request Date (YYYY/MON/DD): _____	



NSHRFA

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## Palliative Performance Scale (PPSv2) version 2

PPS Level	Ambulation	Activity & Evidence of Disease	Self-Care	Intake	Conscious Level
100 %	Full	Normal activity & work No evidence of disease	Full	Normal	Full
90 %	Full	Normal activity & work Some evidence of disease	Full	Normal	Full
80 %	Full	Normal activity <i>with</i> Effort Some evidence of disease	Full	Normal or reduced	Full
70 %	Reduced	Unable Normal Job / Work Significant disease	Full	Normal or reduced	Full
60 %	Reduced	Unable hobby / house work Significant disease	Occasional assistance necessary	Normal or reduced	Full or Confusion
50 %	Mainly Sit / Lie	Unable to do any work Extensive disease	Considerable assistance necessary	Normal or reduced	Full or Confusion
40 %	Mainly in Bed	Unable to do most activity Extensive disease	Mainly assistance	Normal or reduced	Full or Drowsy +/- Confusion
30 %	Totally Bed Bound	Unable to do any activity Extensive disease	Total Care	Normal or reduced	Full or Drowsy +/- Confusion
20 %	Totally Bed Bound	Unable to do any activity Extensive disease	Total Care	Minimal to sips	Full or Drowsy +/- Confusion
10 %	Totally Bed Bound	Unable to do any activity Extensive disease	Total Care	Mouth care only	Drowsy or Coma +/- Confusion
0 %	Death	-	-	-	-

### Instructions for Use of PPS (see also definition of terms)

1. PPS scores are determined by reading horizontally at each level to find a 'best fit' for the patient which is then assigned as the PPS % score.
2. Begin at the left column and read downwards until the appropriate ambulation level is reached, then read across to the next column and downwards again until the activity / evidence of disease is located. These steps are repeated until all five columns are covered before assigning the actual PPS for that patient. In this way, 'leftward' columns (columns to the left of any specific column) are 'stronger' determinants and generally take precedence over others.

Example 1: A patient who spends the majority of the day sitting or lying down due to fatigue from advanced disease and requires considerable assistance to walk even for short distances but who is otherwise fully conscious level with good intake would be scored at PPS 50 %.

Example 2: A patient who has become paralyzed and quadriplegic requiring total care would be PPS 30 %. Although this patient may be placed in a wheelchair (and perhaps seem initially to be at 50 %), the score is 30 % because he or she would be otherwise totally bed bound due to the disease or complication if it were not for caregivers providing total care including lift / transfer. The patient may have normal intake and full conscious level.

Example 3: However, if the patient in example 2 was paraplegic and bed bound but still able to do some self-care such as feed themselves, then the PPS would be higher at 40 or 50 % since he or she is not 'total care'.

3. PPS scores are in 10 % increments only. Sometimes, there are several columns easily placed at one level but one or two which seem better at a higher or lower level. One then needs to make a 'best fit' decision. Choosing a 'half-fit' value of PPS 45 %, for example, is not correct. The combination of clinical judgment and 'leftward precedence' is used to determine whether 40 % or 50 % is the more accurate score for that patient.
4. PPS may be used for several purposes. First, it is an excellent communication tool for quickly describing a patient's current functional level. Second, it may have value in criteria for workload assessment or other measurements and comparisons. Finally, it appears to have prognostic value.

