



HOSPICE INSIGHTS

Vol.89: NHPCO Medical Guidelines for Determining Prognosis in Dementia 3/2005

The January, 2005 *"Insights"* addressed maintaining "Quality-of-Life" (QOL) for individuals with dementia and was followed by the February, 2005 *"Insights"* which gave five (5) different tracks for end-of-life (EOL) care for those with dementia. This month *"Insights"* will give guidelines used to determine if an individual with dementia is appropriate for hospice.¹

NHPCO Medical Guidelines for Determining Prognosis in Dementia	
Factor	Prognosis
FAST	<p>Patients who have reached the level of severity of dementia described here may have a prognosis of up to two (2) years.</p> <ul style="list-style-type: none"> • At or beyond stage 7 of the FAST scale. • All of the following characteristics: <ul style="list-style-type: none"> ○ Unable to dress without assistance ○ Unable to bathe properly ○ Urinary and fecal incontinence ○ Unable to speak or communicate meaningfully ○ Unable to ambulate without assistance • Stage 7C of the FAST scale might be an appropriate enrollment cutoff. At this stage, patients are usually: <ul style="list-style-type: none"> ○ Mute or limited to a single intelligible word in the course of the day (Can have up to 6-8 words in their vocabulary; however it is not meaningful communication). ○ Dependent in all activities of daily living, including mobility.
Presence of Medical Complication	<ul style="list-style-type: none"> • Comorbid conditions of sufficient severity to warrant medical treatment, documented within the past year: • Comorbid conditions associated with dementia: <ul style="list-style-type: none"> ○ Aspiration pneumonia. ○ Pyelonephritis or other upper urinary tract infection. ○ Septicemia. ○ Decubitus ulcers (usually Stage 3 and 4). • Difficulty swallowing food or refusal to eat, sufficiently severe that patient cannot maintain sufficient fluid and calorie intake to sustain life.

With Alzheimer's on the rise, it is important that any and all of us who provide care for these individuals be aware of what EOL choices there are for this population. Palliative care can ensure QOL without having the Alzheimer's patient endure unnecessary treatments and procedures.

(Functional Assessment Staging Tool (FAST) is on the other side)

¹ Aupperle, P., MacPhee E., et al: Hospice use for the patient with advanced Alzheimer's disease" the role of the geriatric psychiatrist. *AM Journal of Hospice and Palliative Care*. 2004; 21(6): 427-437.

Functional Assessment Staging Tool (FAST)	
Level	Description
1	No difficulty either subjectively or objectively.
2	Complains of forgetting location of objects. Subjective work difficulties.
3	Decreased job functioning evident to coworkers. 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., patients may wear the same clothing repeatedly, unless supervised.*
6	<ul style="list-style-type: none"> a) Improperly putting on clothes without assistance or cueing (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 weeks.* b) Unable to bathe properly (e.g., difficulty adjusting bath-water temperature) occasionally or more frequently over the past weeks.* c) Inability to handle mechanics of using the toilet (e.g., forgets to flush the toilet, does not wipe properly, or properly dispose of toilet tissue) occasionally or more frequently over the past weeks.* d) Urinary incontinence (occasionally or more frequently over the past weeks).* e) Fecal incontinence (occasionally or more frequently over the past weeks).*
7	<ul style="list-style-type: none"> a) Ability to speak limited to approximately 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 (the person may repeat the same 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 without lateral rests (arms) on the chair). e) Loss of ability to smile. f) Loss of ability to hold up head independently.
* Scored primarily on the basis of information obtained from a knowledgeable informant and/or category.	

Mission Statement

Hospice of the Twin Cities' Mission is to enhance the quality of the lives of our patients and their families by providing respectful care based on maintaining dignity, alleviating physical, psychosocial, and spiritual suffering, advocating for fundamental rights, and affirming the sacred value of life.

