Summary of NHPCO Guidelines of Determining Prognosis

**General**
A life-limiting condition with evidence of either disease progression and/or impaired nutritional status indicated by involuntary weight loss greater than 10% of body weight in past 6 months. Serum albumin 2.5 is a helpful but not necessary factor. The goal of treatment is relief of symptoms, not cure. These are guidelines not rules.

**ALS**
- Critically impaired ventilatory capacity indicated by
  - vital capacity < 30% of predicted
  - significant dyspnea at rest
  - requires O₂ at rest
  - declines intubation, tracheostomy, mechanical ventilation OR
- Rapid progression and critical nutritional impairment indicated by
  - oral intake of nutrients or fluids insufficient to sustain life
- continued weight loss
- dehydration or hypovolemia OR
- Rapid progression and life-threatening complications such as
  - aspiration pneumonia
  - upper urinary infection
  - sepsis
  - multiple, progressive stage 3 or 4 decubiti
  - fever recurrent after antibiotics

**Dementia**
- Severity of dementia ≥ FAST Stage 7-C:
  - unable to walk
  - incontinence
  - unable to speak more than 6 different intelligible words
- Severe comorbid condition within past 6 months:
  - aspiration pneumonia
  - pyelonephritis
  - sepsis
  - multiple, progressive stage 3 to 4 decubiti
  - fever after antibiotics
- Unable to maintain fluid/caloric intake to sustain life
  - If feeding tube in place
  - weight loss > 10% in 6 months
  - serum albumin < 2.5 g/dL

**Failure to Thrive / Debility**
- Frequent ER visits
- Albumin < 2.5
- Unintentional weight loss
- Decubitus ulcers
- Homebound / bed-confined
- BMI < 22
- Karnovsky ≤ 40

**HIV disease**
(developed before the advent of highly active antiretroviral therapies; see UNIPAC 7)
- CD4+ < 25 cells/mcL or viral load >100,000 copies/mL
- Karnovsky ≥ 50%†
- One of the following:
  - CNS lymphoma
  - progressive multifocal leukoencephalopathy
  - advanced dementia
  - cryptosporidiosis
  - wasting
  - toxoplasmosis
  - visceral Kaposi’s sarcoma, no Rx
  - MAC bacteremia, no Rx
  - renal failure, no dialysis

**Heart disease**
- Symptoms of recurrent heart failure or angina at rest, discomfort with any activity (NYHA Class IV)
  - Patient already optimally treated with diuretics and vasodilators

**Liver disease**
- End-stage cirrhosis
- INR > 1.5
- Albumin < 2.5 g/dL
- At least one of the following:
  - ascites despite treatment
  - spontaneous peritonitis
  - hepatorenal syndrome
  - hepatic encephalopathy despite treatment
  - recurrent variceal bleed
Pulmonary disease
- Disabling dyspnea at rest
- Progressive pulmonary disease
- Hypoxemia at rest on supplemental O₂

Renal disease
- Not a candidate for dialysis
- Creatinine clearance < 10 cc/min and serum creatinine > 8.0 mg/dL
- Signs and symptoms associated with renal failure:
  - uremia; nausea, pruritus, confusion, or restlessness

Stroke and coma - Acute
- Acute phase following CVA:
  - coma > 3 days
  - any four of the following on day 3 of coma:
    - abnormal brain stem response
    - absent verbal response
    - absent withdrawal to pain
    - serum creatine > 1.5 mg/dL
    - unable to maintain fluid/caloric intake to sustain life

Stroke and coma - Chronic
- Chronic phase of CVA; any one of the following:
  - age > 70 years
  - poststroke dementia:
    - FAST score >7
    - Karnovsky ≤ 50%†
    - poor nutritional status; see above

† A Karnovsky performance score ≤ 50% indicates the patient requires considerable assistance and frequent medical care.

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