



## Hospice Request for Assessment Form

Fax to: (902) 446-0488

**Please note that incomplete forms will not be accepted.**

Health Card #:
First Name:
Last Name:
DOB (YY/MM/DD):    ___/___/___

OR Affix Label here

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 admission to an acute care facility. Eligibility criteria can be found at [www.hospicehalifax.ca](http://www.hospicehalifax.ca)

### PATIENT INFORMATION

Home Address:	Personal Directive:
Phone #:	Delegate/SDM name:
Alternate contact name:	Relationship:
Relationship:                      Phone #:	Phone #:
Pharmacy _____ #: (____) _____	<b>Primary Care Physician/NP/Practice:</b>
Palliative Care Home Drug Program: <input type="checkbox"/> Yes <input type="checkbox"/> No	Name: _____
Private Insurer: <input type="checkbox"/> Yes _____ <input type="checkbox"/> No	Phone #: _____
Current Location: <input type="checkbox"/> Home <input type="checkbox"/> Hospital (name/unit/phone #): _____ <input type="checkbox"/> Other: _____	Is Fam. Phys. aware of referral? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>Please attach a signed DNR form.</b> Link: <a href="#">Department of Health and Wellness DNR Form for Physicians</a>	Is Continuing Care Nova Scotia involved? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, Care Coordinator name: _____

### CONSULTATION INFORMATION

<b>Primary Diagnosis:</b>	
Is the patient aware of their prognosis? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the patient/SDM aware of Hospice request? <input type="checkbox"/> Yes <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 ≤ 50%</b> , *scoring guidelines on reverse)	
Is the QEII Palliative Care Consult Service involved in their care? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Reason(s) for referral - check all that apply:</b> <input type="checkbox"/> Symptom management - please specify symptom(s): <hr/> <hr/> <input type="checkbox"/> Patient/Family distress <input type="checkbox"/> Community support unable to meet patient needs <input type="checkbox"/> Caregiver/Family considerations <input type="checkbox"/> Other:	<b>Antibiotic Resistant Organisms/Infectious Diseases:</b> <b>MRSA:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>VRE:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>TB:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>C.Diff:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No            Other (explain):
Referral Source/Name:	<b>** If clinical situation is concerning, MD/NP to MD contact by phone is required. (902) 446-0929</b>
Phone #:	Request date:
<b>Email Address:</b>	

For any palliative care needs not directly related to hospice admission, please contact the local palliative care service: <http://www.nshealth.ca/service-details/Palliative%20Care>

## Calculating the PPSv2 Score:



## 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 required	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.