



**Clinical Parameters For Admission and Recertification**

**Adult Failure to Thrive**

Patient: \_\_\_\_\_ MR#: \_\_\_\_\_

NOTE: CIRCLE OR CHECK THE APPROPRIATE DATA AS COMPLETELY AS POSSIBLE

**General Characteristic**

1. Consider the entire physical and psychosocial condition of the patient.
2. Review history and conduct physical examination of the presenting terminal diagnosis including medications.
3. Patient/CG should desire no further aggressive intervention including acute care hospitalizations or cardio-pulmonary resuscitation.
4. Patient with multiple medical problems that dictate a terminal prognosis and a need for symptom management rather than an aggressive approach.

**Pre-disposing factors:**

- Hx of multi-system involvement
- Hx of progressive physical decline

**Clinical Characteristics**

**Functional**

- |   |                               |                                  |
|---|-------------------------------|----------------------------------|
| <input type="checkbox"/> Inability to perform ADLs      | <input type="checkbox"/> past | <input type="checkbox"/> present |
| <input type="checkbox"/> non-ambulatory (independently) | <input type="checkbox"/> past | <input type="checkbox"/> present |
| <input type="checkbox"/> declining endurance            | <input type="checkbox"/> past | <input type="checkbox"/> present |
| <input type="checkbox"/> safety issues                  | <input type="checkbox"/> past | <input type="checkbox"/> present |

**Cardiac**

- |  |                               |                                  |
|--|-------------------------------|----------------------------------|
| <input type="checkbox"/> CHF                         | <input type="checkbox"/> past | <input type="checkbox"/> present |
| <input type="checkbox"/> tachycardia                 | <input type="checkbox"/> past | <input type="checkbox"/> present |
| <input type="checkbox"/> weakening peripheral pulses | <input type="checkbox"/> past | <input type="checkbox"/> present |

**Pulmonary**

- |   |                               |                                  |
|---|-------------------------------|----------------------------------|
| <input type="checkbox"/> ineffective cough          | <input type="checkbox"/> past | <input type="checkbox"/> present |
| <input type="checkbox"/> URI                        | <input type="checkbox"/> past | <input type="checkbox"/> present |
| <input type="checkbox"/> adventitious breath sounds | <input type="checkbox"/> past | <input type="checkbox"/> present |

**CNS**

- |   |                               |                                  |
|---|-------------------------------|----------------------------------|
| <input type="checkbox"/> decreased LOC        | <input type="checkbox"/> past | <input type="checkbox"/> present |
| <input type="checkbox"/> confusion            | <input type="checkbox"/> past | <input type="checkbox"/> present |
| <input type="checkbox"/> coma                 | <input type="checkbox"/> past | <input type="checkbox"/> present |
| <input type="checkbox"/> near death awareness | <input type="checkbox"/> past | <input type="checkbox"/> present |

**GI/GU**

- |   |                                       |                                     |
|---|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Incontinence X2                      | <input type="checkbox"/> intermittent | <input type="checkbox"/> continuous |
| <input type="checkbox"/> increased difficulty w/ bowel regime | <input type="checkbox"/> past         | <input type="checkbox"/> present    |
| <input type="checkbox"/> anorexia                             | <input type="checkbox"/> past         | <input type="checkbox"/> present    |
| <input type="checkbox"/> dehydration                          | <input type="checkbox"/> past         | <input type="checkbox"/> present    |
| <input type="checkbox"/> dysphagia                            | <input type="checkbox"/> past         | <input type="checkbox"/> present    |
| <input type="checkbox"/> g-tube                               |                                       |                                     |
| <input type="checkbox"/> weight loss                          | <input type="checkbox"/> wt           | actual / stated                     |
| <input type="checkbox"/> pressure sores                       | Stage: _____                          | Location: _____                     |
| <input type="checkbox"/> renal failure                        |                                       |                                     |
| <input type="checkbox"/> poor turgor                          |                                       |                                     |

**Endocrine:**

- |   |                               |                                  |
|---|-------------------------------|----------------------------------|
| <input type="checkbox"/> fluctuating glucose levels | <input type="checkbox"/> past | <input type="checkbox"/> present |
| <input type="checkbox"/> recurrent infections       | <input type="checkbox"/> past | <input type="checkbox"/> present |
| <input type="checkbox"/> poor wound healing         | <input type="checkbox"/> past | <input type="checkbox"/> present |

**Pain:**

- location: \_\_\_\_\_
- treatment: \_\_\_\_\_
- intensity: \_\_\_\_\_

**Other:**

- Serum Albumin less than 2.5 gm/dl
- Karnofsky Performance Scale less than 50%
- Palliative Performance Scale less than 50%
- BMI less than 22kg/m<sup>2</sup>. BMI \_\_\_\_\_
- Calculation formula - 703(wt in lbs) / (ht in inches)<sup>2</sup>

**Clinical**

**Narrative:** \_\_\_\_\_

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**Information Obtained**  
**From:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**H&P Requested:**  YES  NO

**Date:** \_\_\_\_\_ **Source:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

Adapted from the Academy of Hospice Physicians Education Program