



**Clinical Parameters For Admission and Recertification**

**Colorectal Cancer**

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

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

**General Characteristics**

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 cardiopulmonary resuscitation.
4. Patient with multiple medical problems that dictate a terminal prognosis and a need for symptom management rather than an aggressive approach.

**Clinical Characteristics**

___	Pain	___past	___present	(possibly perineal or sacral with radiation)
___	Nausea/Vomiting	___past	___present	
___	Ascites	___past	___present	
___	Peritoneal Cavity Involvement			
___	Colostomy	___past	___present	
___	Rectal discharge	___past	___present	
___	Urinary incontinence	___past	___present	
___	Weight loss	___wt	actual/stated	
___	Sensation of rectal fullness			
___	Rectal - vaginal fistula			
___	Dyspnea			
___	Rales			
___	Altered LOC			
<b>Other</b>				
___	Karnofsky Performance Scale less than 50%			
___	Palliative Performance Scale less than 70%			
___	Albumin less than 2.5 gm/dl			
	Tissue diagnosis	___requested	___received	
	Chemotherapy	___past	___present	___refused
	Radiation	___past	___present	___refused
	Surgery	Type _____		___refused

**Clinical**

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

**H&P Requested** \_\_\_ Yes \_\_\_ No

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