



**Clinical Parameters For Admission and Recertification**  
**Leukemia**

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.

Type of Leukemia: \_\_\_\_\_

Chemotherapy:            \_\_\_ present            \_\_\_ past            \_\_\_ refused

Bone marrow Transplant:    \_\_\_ successful            \_\_\_ unsuccessful            \_\_\_ refused

Blood Replacements:            \_\_\_ present            \_\_\_ past            \_\_\_ refused            \_\_\_ type

**Clinical Characteristics**

\_\_\_ Labile emotions

\_\_\_ CNS disease

          \_\_\_ headache                            \_\_\_ vomiting                            \_\_\_ paraplegia

\_\_\_ Pain

          \_\_\_ location                            \_\_\_ intensity

\_\_\_ Dyspnea

\_\_\_ Multiple infections

          \_\_\_ pneumonia            \_\_\_ septicemia

\_\_\_ Fatigue

\_\_\_ Bleeding

          \_\_\_ nose                            \_\_\_ gums                            \_\_\_ bladder                            \_\_\_ bowel

\_\_\_ Increased weakness

Other:

\_\_\_ Karnofsky Performance Scale less than 50%

\_\_\_ Palliative Performance Scale less than 70%

**Clinical Narrative:**

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

H&P Requested:    \_\_\_ YES            \_\_\_ NO

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