Clinical Parameters For Admission and Recertification

End-Stage Liver Disease

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 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 Characteristic

____ Pain
____ Hepatic encephalopathy  ____past  ____present
____ Hx of GI bleeding  ____past  ____present
____ H of peritoneal taps  ____past  ____present
____ H of ETOH abuse  ____past  ____present
____ Hx of transfusions
____ Hx of peritonitis  ____past  ____present
____ Hepatorenal syndrome
____ Jaundice  ____past  ____present
____ Ascites  ____girth
____ Edema  ____location
____ Ecchymosis, purpura, petechiae
____ Pt over 5 sec or INR over 1.5
____ Serum albumin less than 2.5 gm/dl
____ AST  ____LDH  ____Ammonia
____ ALT  ____Alk Phos
____ Karnofsky Performance Scale less than 50%
____ Palliative Performance Scale less than 70%

Clinical Narrative:
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________

Information Obtained From: ____________________________________  date: __________________________
H&P Requested: _____Yes  _____No

Date: __________________________  Source: __________________________  Signature: __________________________

Adapted from the Academy of Hospice Physicians Education Program  Revised 03/25/08