



Clinical Parameters For Admission and Recertification

Lung Cancer

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 Characteristics

Tissue diagnosis	_____requested	_____received	
Staging	_____III malignant pleural effusion		
	_____IV distant metastasis		
Chemotherapy	_____past	_____present	_____refused
Radiation	_____past	_____present	_____refused
Surgery	_____past	_____present	_____refused
_____Dyspnea	_____past	_____present	
_____Use of accessory muscles	_____past	_____present	
_____Pain	_____past	_____present	
_____ type		_____ location	
_____Cough	_____past	_____present	
_____Hemoptysis	_____past	_____present	
_____Hoarseness	_____past	_____present	
_____Stridor	_____past	_____present	
_____Dysphagia	_____past	_____present	
_____Hyperkalemia	_____past	_____present	
_____Hypokalemia	_____past	_____present	
_____Hyponatremia	_____past	_____present	
_____Ascites	_____past	_____present	
_____Confusion/short term memory loss	_____past	_____present	
_____Wt. loss	_____wt	actual/stated	
Medications:			
_____Oxygen	_____intermittent	_____continuous	
_____Bronchodilator	_____Morphine Sulfate	_____steroids	
_____Pulse oximetry	_____date		
Other:			
_____Karnofsky Performance Scale less than 50%			
_____Palliative Performance Scale less than 70%			
_____SVC (Superior Vena Cava Syndrome)			
_____Spiral cord compression			
_____Metastatic site(s)			
_____bone	_____liver	_____gu	_____meninges
_____marrow	_____nodes	_____brain	

Clinical Narrative:

Information Obtained From: _____ Date: _____

H&P Requested: _____ YES _____ NO Date: _____ Source: _____ Signature: _____