



**Clinical Parameters For Admission and Recertification**

**Ovarian / Uterine / Cervical 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**

Pain \_\_\_\_\_ location \_\_\_\_\_ intensity \_\_\_\_\_  
 Increased abdominal girth/ascites  
 Jaundice  
 Palpable abdominal/pelvic mass  
 Intestinal obstruction  
 Colostomy  
 Fistulas  
 Bleeding  
 Pulmonary involvement:  
      pleural effusion  
      rales  
      rhonchi  
      dyspnea  
 Weight loss \_\_\_\_\_ weight actual/stated  
 Cachexia  
 Increasing weakness  
 Tachycardia  
 Edema \_\_\_\_\_ location \_\_\_\_\_  
 Urinary frequency  
 Hematuria  
 Other:

Tissue Dx:	<input type="checkbox"/> requested	<input type="checkbox"/> received	
Primary site:	_____		
Metastatic site(s):	<input type="checkbox"/> bone	<input type="checkbox"/> lung	<input type="checkbox"/> liver
	<input type="checkbox"/> bowel/rectum	<input type="checkbox"/> nodes	<input type="checkbox"/> kidney/bladder
	<input type="checkbox"/> serosa	<input type="checkbox"/> pelvic organs	
Chemotherapy	<input type="checkbox"/> past	<input type="checkbox"/> present	<input type="checkbox"/> refused
Radiation	<input type="checkbox"/> past	<input type="checkbox"/> present	<input type="checkbox"/> refused
Surgery	<input type="checkbox"/> past	<input type="checkbox"/> present	<input type="checkbox"/> refused
<input type="checkbox"/>	Karnofsky Performance Scale less than 50%		
<input type="checkbox"/>	Palliative Performance Scale less than 70%		

**Clinical**

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

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

**H&P Requested:**  Yes  No **Date:** \_\_\_\_\_ **Source:** \_\_\_\_\_ **Signature:** \_\_\_\_\_