



Pediatric Clinical Parameters for Admission and Recertification

Leukemia

Patient: _____ MR#: _____

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

General Characteristics

1. Patient is under 18 years of age, or is being attended by pediatric specialist.
2. Patient has probably life expectancy of months rather than years.
3. Consider the *entire* physical and psychosocial condition of the patient.
4. Review history and physical examination of the presenting terminal diagnosis.
5. Review medications.
6. Patient and family should desire no further aggressive therapy for the terminal illness, acute care hospitalization, or cardiopulmonary resuscitation.
7. Patient with multiple medical problems that dictates a terminal prognosis. A symptom management approach rather than an aggressive approach to care is indicated.

Clinical Characteristics

Type _____
 Patient age at diagnosis: _____
 Bone Marrow transplant Yes No Refused
 Chemotherapy Yes No Refused
 Weakness _____
 Weight loss _____ Wt Actual/Stated
 Pain Type: _____
 CNS involvement _____

Clinical

Narrative: _____

Information Obtained From: _____ **Date:** _____

H&P Requested Yes No

Date: _____ **Source:** _____ **Signature:** _____