



Clinical Parameters For Admission and Recertification

Prostate 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 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.

Clinical Characteristics

| | | | |
|--------------------------|------------------------------------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> | Bone Metastasis | | |
| | Radiation | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| <input type="checkbox"/> | Pain | | |
| | Type | Treatment _____ | |
| <input type="checkbox"/> | Anemia | <input type="checkbox"/> present | <input type="checkbox"/> past |
| <input type="checkbox"/> | Rectal Stenosis | <input type="checkbox"/> present | <input type="checkbox"/> past |
| <input type="checkbox"/> | Obstructive disease (i.e. urinary) | | |
| <input type="checkbox"/> | Lymphedema | <input type="checkbox"/> present | <input type="checkbox"/> past |
| <input type="checkbox"/> | Weight Loss | <input type="checkbox"/> present | <input type="checkbox"/> past |
| Other | | | |
| <input type="checkbox"/> | Karnofsky Performance Scale < 50% | | |
| <input type="checkbox"/> | Palliative Performance Scale < 70% | | |
| <input type="checkbox"/> | Orchiectomy | | |
| <input type="checkbox"/> | Leuprolide | <input type="checkbox"/> present | <input type="checkbox"/> past |
| <input type="checkbox"/> | Dimethyl - still- bestrol | <input type="checkbox"/> present | <input type="checkbox"/> past |
| <input type="checkbox"/> | Flutamide | <input type="checkbox"/> present | <input type="checkbox"/> past |
| <input type="checkbox"/> | Tissue Diagnosis | | |
| <input type="checkbox"/> | MRI/Scans | <input type="checkbox"/> requested | <input type="checkbox"/> received |
| <input type="checkbox"/> | PSA | | |

Clinical Narrative: _____

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

H&P Requested: YES NO

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

Adapted from the Academy of Hospice Physicians Education Program