



Clinical Parameters for Admission and Recertification
Brain Neoplasm

Patient: _____ MR#: _____

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

GENERAL CHARACTERISTICS

1. Consider the *entire* physical and psychosocial condition of the patient.
2. Review history, physical examination of the presenting terminal diagnosis.
3. Review medications.
4. Patient and family should desire no further aggressive therapy for the terminal illness, acute care hospitalization or cardiopulmonary resuscitation.
5. 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

(Astrocytoma, glioma, medulloblastoma, Ependymoma)

- ___ Tissue diagnosis: Yes ___ No ___ Requested date: _____
- ___ Radiology reports requested: _____
- Treatments:
- Chemotherapy _____
- Radiation _____
- Surgery _____
- ___ Lethargy/fatigue
- ___ Poor appetite/dysphagia
- ___ Ataxia
- ___ Drooling
- ___ Vomiting
- ___ Incontinence
- ___ Dysarthria
- ___ Seizures
- ___ Nuchal rigidity
- ___ Irritability
- ___ Karnofsky Performance Scale less than 50
- ___ Palliative Performance Scale (PPS) less than 70%

Clinical Narrative:

Information Obtained From: _____ Date: _____

H&P Requested: ___ Yes ___ NO

Date: _____ Source: _____ Signature: _____