

Dementia

1. Patient must have **ALL** of these signs and symptoms:
 - Unable to walk without assistance
 - Unable to dress themselves
 - Need help for bathing and grooming
 - Unable to consistently control bowel and bladder
 - Might use some language, but unable to converse effectively

2. They may have also experienced at least **ONE** of the following in the last year:
 - Serious lung or kidney infection (pneumonia; pyelonephritis)
 - Sepsis
 - Severe open pressure ulcers (stage 3-4 decubiti)
 - Persistent fever, even after antibiotics
 - Weight loss of >10% in last 6 months or serum albumin <3.0gm/dl
 - Recent hospitalization
 - Mitchell Mortality Risk Indicator score ≥ 9 (**See Appendix 4**)

In the absence of one or more of the above findings, rapid decline, co-morbidities, or Severe Frailty (see Appendix 5) may also support eligibility for hospice care.

APPENDIX 3

Functional Assessment Staging (FAST) for Dementia

Assess highest consecutive level of disability

- 1 No difficulty either subjectively or objectively.
- 2 Complains of forgetting location of objects. Subjective work difficulties.
- 3 Decreased job functioning evident to co-workers. Difficulty in traveling to new locations. Decreased organizational capacity.*
- 4 Decreased ability to perform complex tasks (e.g. planning dinner for guests, handling personal finances such as forgetting to pay bills, difficulty shopping, etc.).
- 5 Requires assistance in choosing proper clothing to wear for the day, season or occasion (e.g. patient may wear the same clothing repeatedly unless supervised).
- 6A Improperly putting on clothes without assistance or cueing (e.g. may put on street clothes on overnight clothes, or put shoes on the wrong feet, or have difficulty buttoning clothing).
- 6B Unable to bathe properly (e.g. difficulty adjusting the bath-water temperature).
- 6C Inability to handle mechanisms of toileting (e.g. forgets to flush the toilet, does not wipe properly or properly dispose of toilet tissue).
- 6D Urinary incontinence (worsening).
- 6E Fecal incontinence (worsening).
- 7A Ability to speak is limited to six (6) different intelligible words or fewer in the course of an average day or in the course of an intensive interview.
- 7B Speech ability is limited to the use of a single intelligible word in an average day or in of an intensive interview (the person may repeat the word over and over).
- 7C Ambulatory ability is lost (cannot walk without personal assistance).
- 7D Cannot sit up without assistance (e.g. the individual will fall over if there are not lateral rests (arms) on the chair).
- 7E Loss of ability to smile.
- 7F Loss of ability to hold head up independently.

**Scored primarily on the basis of information obtained from knowledgeable source. Reisberg, B. Functional Assessment Staging (FAST). Psychopharmacology Bulletin 1988; 24:-653-659*

Patients with a FAST score of 7A are generally hospice eligible.

APPENDIX 4

Dementia Mortality Risk Scoring:

Mortality Risk Index Score (Mitchell) for Dementia Patients	
<u>Points</u>	<u>Risk Factor</u>
1.9	Complete dependence with ADLs
1.9	Male gender
1.7	Cancer
1.6	Congestive heart failure
1.6	O ₂ therapy needed w/in 14 day
1.5	Shortness of breath
1.5	<25% of food eaten at most meals
1.5	Unstable medical condition
1.5	Bowel incontinence
1.5	Bedfast
1.4	Age > 83 y
1.4	Not awake most of the day
Risk estimate of death within six (6) months	
<u>Score</u>	<u>Risk %</u>
0	8.9
1-2	10.8
3-5	23.2
6-8	40.4
9-11	57.0
= 12	70.0

Patients with a Mitchell Mortality Score of >9 are generally hospice eligible.

APPENDIX 5

Dementia Criteria/Frailty Screen

HNW Frailty Screen

1. Sex	Female = 0, Male = 5 points	_____
2. Age	<ul style="list-style-type: none"> a. 65-70 = 2 points b. 71-80 = 4 points c. 81-90 = 7 points d. 91-100 = 9 points e. >100 = 11 points 	_____
3. Weight loss in last 3 months >5%	= 5 points	_____
4. GFR less than 30	= 6 points	_____
5. CHF	= 4 points	_____
6. Poor appetite	= 4 points	_____
7. Shortness of breath at rest	= 8 points	_____
8. Living in AL/AFH/SNF	= 8 points	_____
9. Cognitive loss in past 3 months	= 8 points	_____
10. ADLs dependence	= 1 point for each of 6	_____
11. Goals: prefers no Abx	= 4 points	_____
12. Falls in the past 3 months	= 1 point for first 5	_____
13. Agitation in the past 3 months	= 4 points	_____
	TOTAL	_____

Score 16-25 = Mild frailty

Score 26-35 = Moderate frailty

Score 36+ = Severe frailty = Eligible for hospice care