

Cardiopulmonary Disease

321.952.0494

This worksheet is a guide for initial and re-certification assessments. It must be accompanied by narrative documentation. Construct a narrative from the information on this worksheet and from the physician and record on back. The patient should be re-evaluated at specific intervals set by the interdisciplinary team.

Patient Name: _____ MR#: _____ Date _____

Criteria 1, 2, and 3 are important indicators, factors from 4 will add supporting documentation.

1. Is the patient NYHA stage IV and having signs and symptoms of cardiopulmonary disease at rest?

NYHA Class IV: patients who should be at complete rest, confined to bed or chair; any physical activity brings on discomfort and symptoms occur at rest.

Yes No Is the ejection fraction less than 20% < 20%? (only if test results available)

Yes No Cor pulmonale and right heart failure?

Yes No Resting tachycardia (heart rate > 100 beats per minute)

2. The patient is on optimal diuretic and vasodilator therapy? Yes No

Diuretics (Check all that apply.)

- Furosemide (*Lasix*) Ethacrynic Acid (*Edecrin*)
 Bumetanide (*Bumex*) Torsemide (*Demedex*)
 Metolazone (*Zarloxyn, Mykrax*) Aldactone

Vasodilators (Check all that apply.)

- Nitrates (e.g., Nitro patch, Isosorbide)
 Apresoline Angiotensin Converting Enzyme (ACE)

ACE Inhibitors (Check all that apply.)

- Benazepril (*Lotensin*) Captopril Enalapril (*Vasotec*) Fosinopril (*Monopril*)
 Lisinopril (*Prinivil, Zestril*) Quinapril (*Accupril*)
 Ramipril (*Altace*)

3. Patient has severe lung disease as documented by both a and b:

- a.** Disabling dyspnea at rest, poorly or unresponsive to bronchodilators, resulting in decreased functional capacity, e.g., bed to chair existence, fatigue, and cough.
- b.** Progression of end-stage pulmonary disease, as evidenced by prior increased visits to Emergency Department or prior hospitalizations for pulmonary infections and/or respiratory failure.
- Hypoxemic at rest on room air, as evidenced by $pO_2 < 55$ mmHg or
- O_2 saturation < 88% on room air or
- Hypercapnia ($pCO_2 > 50$ mmHg)

4. Factors (Check all that apply.)

- Unintentional progressive weight loss > 10% of body weight over the preceding six months
- Treatment resistant supraventricular or ventricular arrhythmias
- History of cardiac arrest and resuscitation.
- History of unexplained syncope
- Brain embolism of cardiac origin
- Concomitant HIV disease

Narrative Summary of Prognosis Documentation

Documentation should be complete, consistent, concise, specific, measurable, and descriptive.

Patient Name: _____ MR#: _____

Diagnosis— Present underlying illness(es) and all other illness(es) affecting the terminal diagnosis:

Co-morbidity that affects the prognosis:

History and progression of the illness(es):

Physical baseline (e.g., weight and weight change, vital signs, heart rhythms, rales, degree of edema):

Laboratory (if pertinent):

Physician's prognosis stating why there is a life expectancy of six (6) months or less (e.g., patient depressed, will not eat and does not want anything done, or has had optimal therapy for illness.):

RN Signature

Date

Physician Signature

Date