

Advanced Disease Eligibility Checklist



1. Does the patient have a life-limiting illness? (check all items that apply)

- ☐ **Advanced Dementia or CNS Disease** (e.g., history of stroke, ALS, Parkinson's): Assistance needed for most self-care (e.g., ambulation, toileting and/or minimally verbal).
- ☐ **Advanced Cancer:** Metastatic or locally aggressive disease.
- ☐ **End-Stage Renal Disease:** On dialysis or creatinine >6.
- ☐ **Advanced COPD:** Continuous home O₂ or chronic dyspnea at rest.
- ☐ **Advanced Heart Failure:** Chronic dyspnea, chest pain or fatigue with minimal activity or rest.
- ☐ **Critical COVID-19 Infection:** Presence of respiratory failure, sepsis, shock, organ failure.
- ☐ **End-Stage Liver Disease:** History of recurrent ascites, GI bleeding or hepatic encephalopathy.
- ☐ **Septic Shock (i.e., signs of organ failure due to infection):** Requires ICU admission and has significant pre-existing comorbid illness.
- ☐ **Provider Discretion — high chance of accelerated death:** Examples: hip fracture > age 80; major trauma in the elderly (multiple rib fractures, intracranial bleed); advanced AIDS, etc.

NO checked items?
STOP! Screening is complete.

ONE or MORE checked items?
CONTINUE screening
on other side!

Advanced Disease Eligibility Checklist based on Ouchi, et al. "Feasibility Testing of an Emergency Department Screening Tool To Identify Older Adults Appropriate for Palliative Care Consultation." *Journal of Palliative Medicine* Vol. 20, Number 1, 2017.

2. Does the patient have TWO or more unmet advanced disease needs?

(check all items that apply)

- ☐ **Frequent Visits:** 2 or more ED visits or hospital admissions in the past 6 months.
- ☐ **Uncontrolled Symptoms:** Visit prompted by uncontrolled symptoms (e.g., pain, dyspnea, depression, fatigue, etc.).
- ☐ **Functional Decline:** e.g., loss of mobility, frequent falls, decreased oral intake, skin breakdown, etc.
- ☐ **Uncertainty about Goals of Care and/or Caregiver Distress:** Caregiver cannot meet long-term needs. Uncertainty/distress about goals of care.
- ☐ **Surprise Question:** Would you be surprised if the patient dies within the next 12 months? If you answer no, check the box.

Less than TWO checked items?
STOP! Screening is negative

TWO or MORE checked items?
Compassus referral recommended

Advanced disease care from Compassus

If a patient meets these criteria, please connect them to Compassus. We can provide a consultation with **no out-of-pocket costs and no obligation**. Compassus can arrange for an assessment by a medical director or a nurse with specialized training.

