

Please complete provider and patient identification information, check all that apply, sign and fax to number to the right.

P F

Provider: _____ Phone: _____

Primary care physician: _____ Referral Medicare number: _____

Patient: _____ DOB: _____ Patient/caregiver phone: _____

Contact name, phone and county/city: _____

HEART DISEASE:

- NYHA Class IV
 - Poor response to diuretics, vasodilators and ACE inhibitors
 - Dyspnea at rest
 - Syncope, weakness, chest pain and/or jugulo-venous distention
 - Chest pain at rest

PULMONARY DISEASE:

- Pulse oximetry of <88% on room air
- pO₂ <55 on room air
- Decreased function/increased assistance with ADLs
- Increasing visits to physicians, ER or hospital for respiratory infections
- Resting Tachycardia

ALZHEIMER'S DISEASE:

- Inability to ambulate
- Dependent for ADLs
- Urinary or fecal incontinence
- No consistent meaningful communication
- Weight loss of 10% in previous 6 months
- Meets one of the following criteria within the last 12 months:
 - Aspiration pneumonia
 - Pyelonephritis or UTI
 - Septicemia
 - Decubitis ulcers (multiple, stage 3-4)
 - Recurrent infections after antibiotics

NEUROLOGIC DISEASE: (ALS, Multiple Sclerosis)

- Wheelchair or bedbound
- Barely intelligible or unintelligible speech
- Dependence in all ADLs
- Significant dyspnea at rest
- Vital capacity less than 30%
- Impaired nutritional status
- Recurrent infections (pneumonia, UTIs, sepsis)
- Supplemental oxygen required
- Mechanical ventilation declined

CANCER:

- Metastatic, recurrent, advanced
- Progressive
- Inoperable or Stage IV
- No benefit from anti-tumor therapy or opted not to further pursue life-extending therapy

RENAL FAILURE:

- Patient not seeking dialysis
- Creatinine clearance less than 10 cc/min or less than 15 cc/min for diabetics
- Serum creatinine greater than 8.0 mg/dl or greater than 6.0 mg/dl for diabetics

STROKE:

- Impaired nutritional status/weight loss over 10% past 6 months
- Unable to care for self
- Recurrent infections (pneumonia, UTIs, sepsis) after antibiotics
- Coma with 3 of the following on 3rd day of coma:
 - Abnormal brain stem response
 - Absent verbal response
 - Absence of withdrawal response to pain
 - Serum creatinine greater than 1.5 mg/dl

LIVER DISEASE:

- Serum albumin less than 2.5 gm/dl
- PT ≥ 5 seconds/INR ≥ 1.5
- Ascites
- Hepatic encephalopathy
- Recurrent varicele bleeding
- Spontaneous bacterial peritonitis
- Hepato-renal syndrome

NOTE: Please include demographic/"face"sheet, history and physical and any pertinent clinical information.

Written Provider Order for Compassus

Admit to Compassus. The focus of care is on comfort and palliation, rather than cure.

Attending provider signature: _____ Date: _____