

STROKE AND COMA

A. Acute phase of hemorrhagic or ischemic stroke (1, 2 or 3 must be present)

SEE SECTION D

1. Is the patient in a coma or persistent vegetative state secondary to stroke, beyond 3 days duration? _____
2. Is the patient's post anoxic stroke, coma or severe obtundation, accompanied by severe myoclonus, persisting beyond 3 days past the anoxic event? _____
3. Does the patient have dysphagia, which prevents sufficient intake of foods and fluids to sustain life, and is not receiving artificial nutrition and hydration? _____

B. Chronic phase of hemorrhagic or ischemic stroke (1, 2 or 3 must be present)

SEE SECTION D

1. Does the patient have post-stroke dementia demonstrated by all of the following:

(Check all that apply)

- _____ Stage seven or beyond according to the Functional Assessment Staging Scale (Page 2)
 - _____ Unable to ambulate without assistance
 - _____ Unable to dress without assistance
 - _____ Unable to bathe without assist
 - _____ Urinary and fecal incontinence, intermittent or constant
 - _____ No meaningful verbal communication: stereotypical phrases only or the ability to speak is limited to six or fewer intelligible words
2. Does the patient have a Karnofsky (Page 3) score 40% or less? _____
 3. Does the patient have a poor nutritional status with the inability to maintain sufficient fluid and calorie intake with > 10% weight loss during the previous six months or serum albumin < 2.5 gm/dl? _____

C. Coma (any etiology)

SEE SECTION D

Comatose patients should have any 3 of the following on day 3 of coma

(Check all that apply)

- _____ abnormal brain stem response
- _____ absent verbal response
- _____ absent withdrawal response to pain
- _____ serum creatinine > 1.5 mg/dl

D. Documentation of the following factors will support eligibility for all stroke and coma patients

(check all that apply)

- _____ Aspiration pneumonia
- _____ Upper urinary tract infection (pyelonephritis)
- _____ Sepsis
- _____ Refractory stage 3-4 decubitus ulcers
- _____ Fever recurrent after antibiotics
- _____ Age >70

WORKSHEET FOR DETERMINING PROGNOSIS – Stroke and Coma

This worksheet is designed as a fact-finding tool and is not intended to be used to formulate diagnoses

FUNCTIONAL ASSESSMENT STAGING (FAST)

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 marketing, 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.*
6.
 - A) Improperly putting on clothes without assistance or cueing (e.g., may put street clothes on over night clothes, or put shoes on wrong feet, or have difficulty buttoning clothing) occasionally or more frequently over the past weeks.
 - B) Unable to bathe properly (e.g., difficulty adjusting bath-water temperature) occasionally or more frequently over the past weeks.*
 - C) Inability to handle mechanics of toileting (e.g., forget to flush the toilet, does not wipe properly or properly dispose of toilet tissue) occasionally or more frequently over the past weeks.*
 - D) Urinary incontinence (occasionally or more frequently over the past weeks).*
 - E) Fecal incontinence (occasionally or more frequently over the past weeks).*
7.
 - A) Ability to speak is limited to approximately a half a dozen intelligible different words or fewer, in the course of an average day or in the course of an intensive interview.
 - B) Speech ability is limited to the use of a single intelligible word in an average day or in the course of an intensive interview (the person may repeat the word over and over).
 - C) Ambulatory ability is lost (cannot walk without personal assistance).
 - D) Cannot sit up without assistance (e.g., the individual will fall over if there are not lateral rests [arms] on the chair).
 - E) Loss of ability to smile.
 - F) Loss of ability to hold up head independently.

*Scored primarily on the basis of information obtained from knowledgeable informant and/or category.
Reisberg, B. Functional assessment staging (FAST). *Psychopharmacology Bulletin*, 1988; 24:653-659

KARNOFSKY PERFORMANCE STATUS SCALE DEFINITIONS RATING (%) CRITERIA

Able to carry on normal activity and to work; no special care needed.	100	Normal no complaints; no evidence of disease
	90	Able to carry on normal activity; minor signs or symptoms of disease
	80	Normal activity with effort; some signs or symptoms of disease
Unable to work; able to live at home and care for most personal needs; varying amount of assistance needed.	70	Cares for self; unable to carry on normal activity or to do active work.
	60	Requires occasional assistance, but is able to care for most of his personal needs.
	50	Requires considerable assistance and frequent medical care.
Unable to care for self; requires equivalent of institutional or hospital care; disease may be progressing rapidly.	40	Disabled; requires special care and assistance.
	30	Severely disabled; hospital admission is indicated although death not imminent.
	20	Very sick; hospital admission necessary; active supportive treatment necessary.
	10	Moribund; fatal processes progressing rapidly.
	0	Dead