Understanding Hospice Admissions

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Admit Intake

Date:	Time:	PPS/FAST:
Name:		M/F DOB/Age:
Address:		Phone:
Facility/AFH:		Fax:
Pharmacy:		Fax:
Payor:	PCP:	Referral source:
Hospice MD:		
DX:		
Contributing/Hx:		
Status/Decline/Hospital:		

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Admit Intake

Falls:

Diet/Intake:

Orientation: Activity: Sleep:

Pain/Meds:

Dyspnea:

N/V, Constipation, F/C, Ostomy: Last BM:

Skin/rash/wounds:

Port: Glasses, dentures, hearing aids:

BP: HR: RR: SAT: TEMP: MAC:

HT: Wt: Wt Loss:

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Admit Intake

Equipment/Supply needs:

Caregivers/contacts:

Religious affiliation:

Veteran: Branch: Benefits:

Career:

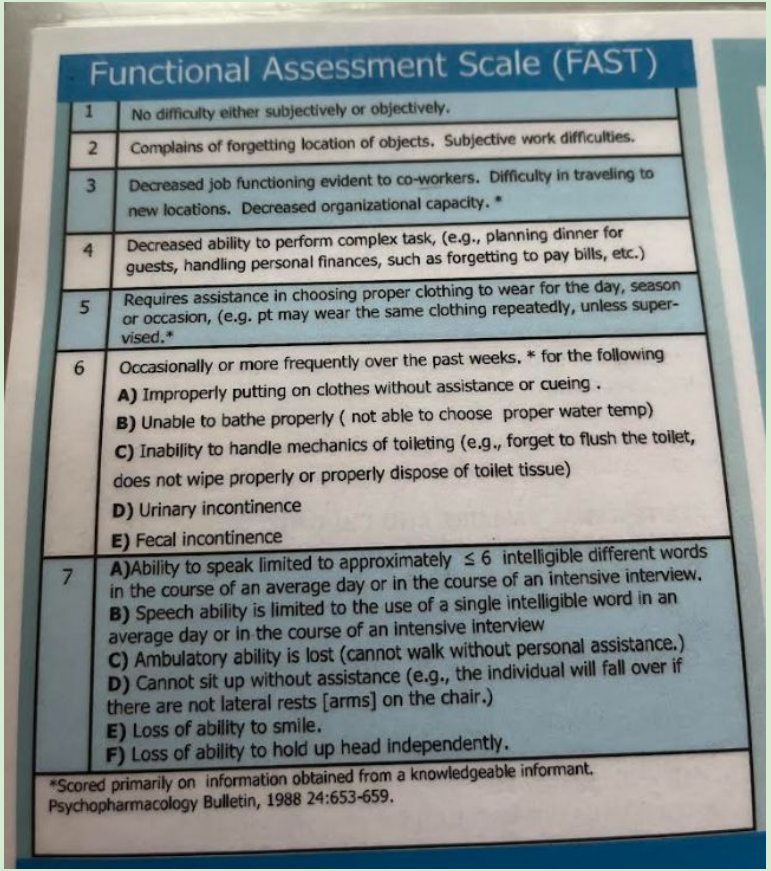
FH:

POLST:

Smoking history:

ALLERGIES:

MEDS:



Functional Assessment Scale (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 task, (e.g., planning dinner for guests, handling personal finances, such as forgetting to pay bills, etc.)
5	Requires assistance in choosing proper clothing to wear for the day, season or occasion, (e.g. pt may wear the same clothing repeatedly, unless supervised.*
6	Occasionally or more frequently over the past weeks. * for the following **A)** Improperly putting on clothes without assistance or cueing . **B)** Unable to bathe properly (not able to choose proper water temp) **C)** Inability to handle mechanics of toileting (e.g., forget to flush the toilet, does not wipe properly or properly dispose of toilet tissue) **D)** Urinary incontinence **E)** Fecal incontinence
7	**A)**Ability to speak limited to approximately ≤ 6 intelligible different words 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 **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 information obtained from a knowledgeable informant.
Psychopharmacology Bulletin, 1988 24:653-659.

Functional Assessment Scale for Dementia

The FAST tool is used to determine if changes in a patient's condition are due to dementia or another medical condition. A patient diagnosed with Alzheimer's type dementia will always follow the progression of the FAST scale as the disease progresses.

Patients with other types of dementia (Lewey Body, Parkinson's, etc.) may not follow the same disease progression. However, patients with any type of dementia will have the same disease progression at the end stages of the disease (7a or greater on the FAST scale).

Navigating the Fast Score for Dementia

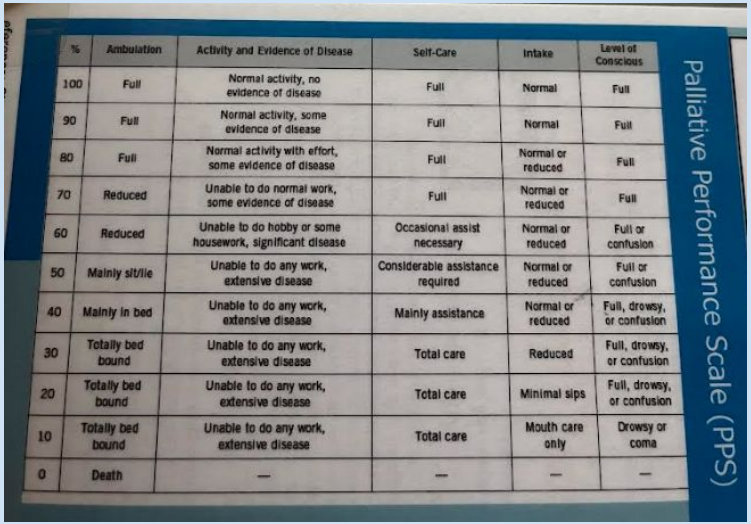
1. No functional or cognitive impairment
2. Early functional changes
3. Mild functional losses
4. Moderate functional losses
5. Moderately severe functional losses
6. Severely impaired functional abilities
7. Total dependence

Navigating the Fast Score for Dementia

FAST Score	Dementia Stage	Description
Stage 1	No Cognitive Decline	Normal cognitive function and memory. No observable symptoms of dementia.
Stage 2	Very Mild Cognitive Decline	Slight cognitive changes attributed to aging. Forgetfulness and mild difficulty finding words.
Stage 3	Mild Cognitive Decline	Noticeable cognitive impairment. Frequent memory lapses. Challenges in work or social settings.
Stage 4	Moderate Cognitive Decline	More pronounced cognitive deficits. Intensified memory loss, reduced problem-solving, and attention.
Stage 5	Moderately Severe Cognitive Decline	Significant cognitive and functional deficits. Memory deterioration, confusion about time/place.
Stage 6	Severe Cognitive Decline	Profound cognitive impairment. Difficulty recognizing loved ones, memory loss, personality changes.
6A	Needs help putting on clothes	Difficulty putting on clothes properly without assistance or prompting (may put shoes on wrong feet or have difficulty putting on clothing).
6B	Needs help bathing	Unable to bathe properly; may develop fear of bathing (requires assistance adjusting bathroom water temperature).
6C	Needs help toileting	Inability to handle mechanics of toileting (forgets to flush the toilet, not wiping properly or properly disposing of toilet tissue).
6D	Urinary incontinence	Urinary incontinence occasionally or more frequently.
6E	Fecal incontinence	Fecal incontinence occasionally or more frequently.
Stage 7	Very Severe Cognitive Decline (Subclassification A-F)	Total functional dependence. Challenges in mobility, communication, and basic tasks.
7A	Speaks 5–6 words during the day	Limited verbal communication ability.
7B	Speaks only 1 word clearly	Severely restricted verbal communication.
7C	No longer can walk without assistance	Mobility challenges, walking assistance required.
7D	Can no longer sit up	Inability to sit up unassisted.
7E	Can no longer smile	Loss of ability to smile.
7F	Can no longer hold their head up	Inability to hold head up without assistance.

Palliative Performance Scale (PPS)

Hospice care may be appropriate for patients with a PPS score of less than 70%. For these patients, survival for more than 6 months is unlikely.



Palliative Performance Scale (PPS)

%	Ambulation	Activity and Evidence of Disease	Self-Care	Intake	Level of Conscious
100	Full	Normal activity, no evidence of disease	Full	Normal	Full
90	Full	Normal activity, some evidence of disease	Full	Normal	Full
80	Full	Normal activity with effort, some evidence of disease	Full	Normal or reduced	Full
70	Reduced	Unable to do normal work, some evidence of disease	Full	Normal or reduced	Full
60	Reduced	Unable to do hobby or some housework, significant disease	Occasional assist necessary	Normal or reduced	Full or confusion
50	Mainly sit/lie	Unable to do any work, extensive disease	Considerable assistance required	Normal or reduced	Full or confusion
40	Mainly in bed	Unable to do any work, extensive disease	Mainly assistance	Normal or reduced	Full, drowsy, or confusion
30	Totally bed bound	Unable to do any work, extensive disease	Total care	Reduced	Full, drowsy, or confusion
20	Totally bed bound	Unable to do any work, extensive disease	Total care	Minimal sips	Full, drowsy, or confusion
10	Totally bed bound	Unable to do any work, extensive disease	Total care	Mouth care only	Drowsy or coma
0	Death	—	—	—	—

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PPS Level	Ambulation	Activity & Evidence of Disease	Self-Care	Intake	Conscious Level
Stable					
100%	Full	Normal activity & work; No evidence of disease	Full	Normal	Full
90%	Full	Normal activity & work; Some evidence of disease	Full	Normal	Full
80%	Full	Normal activity with effort; Some evidence of disease	Full	Normal or reduced	Full
Hospice Appropriate					
70%	Reduced	Unable to do normal job/work; Significant disease	Full	Normal or reduced	Full
60%	Reduced	Unable to do hobby/housework; Significant disease	Occasional assistance necessary	Normal or reduced	Full or confusion
50%	Mainly sit/lie	Unable to do any work; Extensive disease	Considerable assistance required	Normal or reduced	Full or confusion
40%	Mainly in bed	Unable to do most activity; Extensive disease	Mainly assistance	Normal or reduced	Full or drowsy +/- confusion
30%	Totally bed bound	Unable to do any activity; Extensive disease	Total care	Reduced	Full or drowsy +/- confusion
20%	Totally bed bound	Unable to do any activity; Extensive disease	Total care	Minimal to sips	Full or drowsy +/- confusion
10%	Totally bed bound	Unable to do any activity; Extensive disease	Total care	Mouth care only	Drowsy or coma +/- confusion
0%	Death	-	-	-	-

Contacting Hospice – Admission Inquiries & Outreach

Please feel free to contact our account liaisons to request presentations for outreach in our community!

You are welcome to call and/or provide contact information to those who have questions about hospice admissions or who are ready for hospice.

Melinda Schultz (Melinda spoke at our CE on Hospice Admissions 3/23/26)
Self or family referrals; primarily rounds to Assisted Living Facilities, Skilled Nursing Facilities in King, Pierce, Kitsap counties.
253-341-9437 or melinda.schultz@commonspirit.org

Elissa Sime
Self or family referrals; primarily rounds to physician groups in King, Pierce, Kitsap counties.
253-318-4084 or elissa.sime@commonspirit.org

Tarah Threde
Self or family referrals; primarily rounds to Assisted Living Facilities in King, Pierce, Kitsap counties.
253-304-4084 or tarah.threde@commonspirit.org

Jesse Roberts
Self or family referrals; primarily rounds to Skilled Nursing Facilities in King, Pierce, Madigan, Veteran's Administration
253-229-8568 or jesse.roberts901@commonspirit.org

If the individual is in the hospital, HTT can be reached at 253-534-7665.

The other option is to call the Hospice main number (253-534-7000) and Eleanor will gather the information and someone from the team will reach out.

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Thank you

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