CTI Examples

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COPD

81 yo male remains appropriate for hospice with ESCOPD. Comorbidities of HTN, DM, AFIB, GERD. During this benefit period he has continued to decline physically. He requires continuous oxygen at 3LPM NC. He is still able to ambulate with a walker but only able to walk 5-10 feet before stopping for sob. He needs an increased period of rest to recover, now up to 5 minutes from 1-2 minutes. He needs moderate assistance with ADLs due to fatigue and sob. His appetite remains 100% per patient. Despite this, his weight is down from 130 lbs 3 months ago to 118# now and his MAC is down to 20 from 21.5. He is having increased urinary incontinence due to inability to get to the bathroom in time. He denies pain. He was recently treated for a new pneumonia last month requiring oral antibiotics. His PPS is 50, SIT 3 Pain 0. Face to face by APN reviewed and agreed with findings. His life expectancy is less than 6 months if disease continues its natural course. PPS 50 DNR

Cancer

57 yo male appropriate for hospice admission with pancreatic cancer. He has no comorbidities. He was diagnosed in 2020 with pancreatic cancer with liver and peritoneal metastases. He received chemotherapy for 8 months with initial response, but for last 3 months he has had progression of his disease. His treatments have been discontinued. He remains ambulatory but needs assistance for some ADLs due to weakness and fatigue. His appetite is poor, and he is having increased nausea requiring RTC (what does this mean?) medication. He is sleeping more than 12-14 hours daily. His abdominal pain has increased requiring an increase in his long-acting Morphine. He is using 3-4 doses of prn pain medicine as well. His pain score is 3 Sit 5. PPS 50. His life expectancy is less than 6 months if disease continues its natural course. DNR

CAD

89 yo female appropriate for hospice admission with ESCAD. Secondary DX of cardiomyopathy, CHF. Comorbidities of HTN, DM. She had a recent hospital admission for NSTEMI and refused intervention or further work up. She was discharged to home with hospice. She is able to ambulate short distances but is limited by chest tightness and sob. She gets relief with SL nitro and morphine. Her appetite is decreased, with PO intake reduced from 75% to 25% of 3 small meals per day. She has increased fatigue and needs assistance with ADLs due to sob and fatigue. She requires 2-3 pillows to sleep at night and has increased lower leg edema not responsive to elevation or her Lasix. She is using Morphine 3-4 times daily for sob and chest pain. PPS 50 Sit 3 Pain 0. Her life expectancy is less than 6 months if disease continues its

natural course. Pt is full code, but RN is continuing education and discussions with patient and family.

Dementia

Patient is a 89 y.o. M who remains hospice appropriate with dx of ES Alzheimer's FAST 7A, secondary DX of protein calorie malnutrition. Comorbidities of CAD, AFIB, COPD. He is still verbal speaking only 2-3 words, Max assist all ADLs, incontinent of b/b, remains ambulatory. He now has worsening b/l leg edema with weeping and blistering. He is sleeping up to 16 hours daily now up from 12 hours a day 3 months ago. His PO intake is down to 25% from 75% of 2 small meals per day and now having cough with intake despite modified diet. He is a full feed and is taking up to 45 minutes to feed due to pocketing. He has had a MAC decline from 17 cm in October to 15.5 cm in December. Recent treatment in November for Aspiration PNA requiring antibiotics and Oxygen for 2 weeks. PPS 50, Fast 7A, Sit 3 Pain 0, F2F reviewed and agree with findings. Prognosis is less than 6 months. DNR

97 yo female remains hospice appropriate with es Alzheimer's, secondary of uti, comorbidities of chf and ckd. She has declined this benefit period with functional and cognitive decline. She is more confused and is only able to say garbled words now but was speaking short sentences last recertification. She has a new ischial wound stage 2. She has increased trunk weakness and is unable to sit upright in her wheelchair any longer and has had several falls. She is now OOB to Geri chair and requiring 2 persons assist. Her po intake is down from 75% to 50% of adult sized meals and she has had MAC decline from 19.5 cm in Oct to 18.5 in Dec. She has also had a 4lb weight loss in this time period. She is DNR/DNI. F2f from APN was reviewed and agree with findings. PPS 40, Sit 3 Flacc 0, fast 7C last recert and now a 7D due to trunk weakness. F2F by APN reviewed and agree that her prognosis is less than 6 months if her disease follows it natural course. DNR

91 y.o M patient who remains hospice appropriate with ES Alzheimers, Secondary diagnosis of dysphagia, comorbidities of seizures and ckd. He remains nonverbal and needs maximum assist for all ADLs, requires feeding and needs up to 45 minutes to consume 50% of meals. He is having muscle loss as shown by his decreased MAC from 16cm in Oct to 15.5cm in Dec. He was previously sleeping 18 hours daily and is now sleeping 20 hours a day. He is less responsive and no longer able to smile. Due to this, his FAST score is down to a 7E from 7D last recertification period. His PPS is 30 down from 40 3 months ago as he is no longer OOB to his Geri chair. Sit 3 Flacc 0. F2F from APN reviewed and agreed with findings. Overall prognosis remains less than 6 months. DNR