



Palliative Performance Scale (PPS)

3. Self-Care: 'Occasional assistance' means that most of the time patients are able to transfer out of bed, walk, wash, toilet and eat by their own means, but that on occasion (perhaps once daily or a few times weekly) they require minor assistance.

'Considerable assistance' means that regularly every day the patient needs help, usually by one person, to do some of the activities noted above. For example, the person needs help to get to the bathroom but is then able to brush his or her teeth or wash at least hands and face. Food will often need to be cut into edible sizes but the patient is then able to eat of his or her own accord.

'Mainly assistance' is a further extension of 'considerable.' Using the above example, the patient now needs help getting up but also needs assistance washing his face and shaving, but can usually eat with minimal or no help. This may fluctuate according to fatigue during the day.

'Total care' means that the patient is completely unable to eat without help, toilet or do any self-care. Depending on the

clinical situation, the patient may or may not be able to chew and swallow food once prepared and fed to him or her.

4. Intake: Changes in intake are quite obvious with **'normal intake'** referring to the person's usual eating habits while healthy. **'Reduced'** means any reduction from that and is highly variable according to the unique individual circumstances. **'Minimal'** refers to very small amounts, usually pureed or liquid, which are well below nutritional sustenance.

5. Conscious Level: 'Full consciousness' implies full alertness and orientation with good cognitive abilities in various domains of thinking, memory, etc. 'Confusion' is used to denote presence of either delirium or dementia and is a reduced level of consciousness. It may be mild, moderate or severe with multiple possible etiologies. **'Drowsiness'** implies either fatigue, drug side effects, delirium or closeness to death and is sometimes included in the term stupor. **'Coma'** in this context is the absence of response to verbal or physical stimuli; some reflexes may or may not remain. The depth of coma may fluctuate throughout a 24 hour period.

VNSNY-HOS-1251A

The **Palliative Performance Scale (PPS)** is a validated and reliable tool used to assess a patient's functional performance and to determine progression toward end of life. However, it does not take the place of a physician's professional judgment.

This reference card can be helpful for clinicians in timing the goals-of-care conversation with patients and their families.

Patients with a PPS score of < 70% may be appropriate for hospice care. Research substantiates, for these patients, survival for greater than six months is unlikely.¹

Would you be surprised if this patient lived longer than one year?

¹ Harrold, Joan, Rickerson, Elizabeth, Carroll, Janet T., McGrath, Jennifer, Morales, Knashawn, Kapo, Jennifer, Casarett, David. Is the Palliative Scale a Useful Predictor of Mortality in a Heterogeneous Hospice Program? *Journal of Palliative Medicine*. 2005, 43 (3): 503-509.

² Palliative Performance Scale (PPSv2) version 2. Medical Care of the Dying, 4th ed.; 120-121. ©Victoria Hospice Society, 2006.

To make a referral, call **212-609-1900**. Or fax a referral to **212-290-1825**.
For more information, visit us online at vnsny.org/professionals/hospice.

Palliative Performance Scale (PPSv2) version 2²

PPS Level	Ambulation	Activity & Evidence of Disease	Self-Care	Intake	Conscious Level
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
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	Normal or 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	-	-	-	-

Stable

Hospice Appropriate

Definition of Terms for PPS

As noted below, some of the terms have similar meanings with the differences being more readily apparent as one reads horizontally across each row to find an overall 'best fit' using all five columns.

1. Ambulation: The items 'mainly sit/lie,' 'mainly in bed,' and 'totally bed bound' are clearly similar. The subtle differences are related to items in the self-care column. For example, 'totally bed bound' at PPS 30% is due to either profound weakness or paralysis such that the patient not only can't get out of bed but is also unable to do any self-care. The difference between 'sit/lie' and 'bed' is proportionate to the amount of time the patient is able to sit up vs need to lie down.

'Reduced ambulation' is located at the PPS 70% and PPS 60% level. By using the adjacent column, the reduction of ambulation is tied to inability to carry out their normal job, work occupation or some hobbies or housework activities. The person is still able to walk and transfer on their own but at PPS 60% needs occasional assistance.

2. Activity & Extent of Disease: 'Some,' 'significant,' and 'extensive' disease refer to physical and investigative evidence which shows degrees of progression. For example in breast cancer, a local recurrence would

imply 'some' disease, one or two metastases in the lung or bone would imply 'significant' disease, whereas multiple metastases in lung, bone, liver, brain, hypercalcemia or other major complications would be 'extensive' disease. The extent may also refer to progression of disease despite active treatments. Using PPS in AIDS, 'some' may mean the shift from HIV to AIDS, 'significant' implies progression in physical decline, new or difficult symptoms and laboratory findings with low counts. 'Extensive' refers to one or more serious complications with or without continuation of active antiretrovirals, antibiotics, etc.

The above extent of disease is also judged in context with the ability to maintain one's work and hobbies or activities. Decline in activity may mean the person still plays golf but reduces from playing 18 holes to 9 holes, or just a par 3, or to backyard putting. People who enjoy walking will gradually reduce the distance covered, although they may continue trying, sometimes even close to death (eg. trying to walk the halls).