

IDG Discussion Template

(Gray Area Patient)

Patient Name / MRN: _____

Primary Diagnosis: _____

Comorbidities: _____

Clinical Status Review

PPS Score: _____

FAST Stage (if dementia): _____

Weight / Nutrition Status: _____

Functional Status / ADLs: _____

Recent Acute Events (falls, infections, ER visits, hospitalizations):

Eligibility Review

Does patient meet LCD criteria? Yes No

If no: What supportive findings justify prognosis of 6 months or less?

Team Discussion

RN input: _____

MD/NP input: _____



Social Work/Psych input: _____

Chaplain/Volunteer input: _____

Decision

- Continue hospice, with documentation supporting eligibility
- Patient remains gray area – schedule reassessment in ____ days
- Consider discharge (not eligible at this time)
- Other: _____

Next Steps / Follow-Up

Responsible IDG Member: _____

Date: _____

