

How To Use The Karnofsky Performance Scale



Introduction

The Karnofsky Performance Scale (KPS) is an assessment tool for predicting the length of survival in terminally ill patients. The KPS is an 11 point rating scale which ranges from normal functioning (100) to dead (0) in ten point increments. Use of these 11 points is necessary, meaning that estimates between points cannot be made.

Although no specific instructions were originally developed for administration of the KPS, guidelines have recently been developed to assist in improving consistency and reliability of the scale. Research has suggested that seven variables account for a significant amount of variance in scoring of the KPS and represented all four categories of the KPS -- evidence of disease, daily activity, self care and work.

When is the KPS to be completed?

1. On admission to hospice, patients are to have a KPS completed if requested on the disease-specific Clinical Summary and when completing a General Summary. The KPS score is documented on the Clinical Summary as indicated.
2. The KPS is to be completed for each recertification period if requested on the disease-specific Clinical Summary. The score is to documented where indicated on the clinical summary.
3. The KPS is to be completed for a patient any time there are significant changes in status. The score should then be documented in the clinical note. Please be aware that the KPS has only been validated as a predictor of terminal decline in cancer and HIV patients. It can be completed for other patients if the score indicates a declining functional ability.

How to complete the KPS

1. Nurses and physicians may complete the KPS.
2. Review KPS Index form.
3. Review medical record to assess presence and extent of specific disease, signs and symptoms.
4. During assessment, observe the patient's subtle dependencies and interactions within the existing support networks.
5. Interview patient and/or family to obtain functional assessment information using questions.

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The following questions can begin to serve as guidelines for determining the performance status of an individual patient.

Evidence of Disease

1. Has there been any weight loss or weight gain?
2. Has there been any reduction in energy or increase in fatigue?

Self Care

1. Has there been any difficulty grooming or bathing?

Daily Activities

1. Has there been any difficulty in walking or moving around?
2. Has there been any difficulty driving?

Work Difficulty

1. Has there been any difficulty working full or part time?

The information obtained from these questions, the assessment and other medical data should then be used as specific criteria listed on the KPS Index. Once the criteria have been identified and the index which most closely corresponds to the criteria has been chosen, the KPS is documented.

Following the admission assessment, when possible, the same health care provider should administer the scale on subsequent evaluations.

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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	Disable; 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

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