

PPS Scale v2: Instructions

Begin at the left column and read downwards until appropriate Ambulation level is reached, then read across to the next column and downwards again to Activity & Evidence of Disease. Repeat these steps until all 5 columns are covered, then assign the PPS. Leftward columns are 'stronger' determinants of PPS and generally take precedence over others.

PPS Level	Ambulation	Activity & Evidence of Disease	Self-Care	Intake	Level of Consciousness
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 w/ effort; Some evidence of disease	Full	Normal or reduced	Full
70%	Reduced	Unable normal job/work; Significant disease	Full	Normal or reduced	Full
60%	Reduced	Unable 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	-	-	-	-

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Examples

1. A pt (patient) who spends the majority of the day sitting/laying due to fatigue from advanced disease, requires considerable assistance to walk, but is otherwise fully conscious with good intake: **PPS 50%**.
2. A pt who is paralyzed and quadriplegic requiring total care: **PPS 30%**. Although this pt may be placed in a wheelchair (and perhaps initially be at 50%) the score is 30% because the pt would be totally bed bound w/out caregivers providing total care, incl. lift/transfer.
3. However, if pt in example 2 were paraplegic and bed bound but still able to do some self care, such as feeding, PPS would be higher (**40%** or **50%**) since pt doesn't have 'total care.'

Definitions

Some terms have similar meanings. Differences are more apparent as one reads horizontally across all five categories to find an overall 'best fit.'

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 such profound weakness or paralysis the pt not only can't get out of bed, but also can't do any self-care. The difference between 'sit/lie' and 'bed' is proportionate to the amount of time the pt is able to sit up vs. lie down.

'Reduced ambulation': 60%/70%. Reduction of ambulation is tied to inability to carry out normal job, hobbies, housework. Still able to walk/transfer on their own at 60% but needs occasional assistance.

2. **Activity & Evidence of disease:** 'some,' 'significant,' and 'extensive' refer to physical/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.
Evidence of disease is also judged in context with the ability to maintain one's work and hobbies/activities. For example, decline in activity may mean people who enjoy walking will gradually reduce the distance covered, although they may continue trying, sometimes even close to death (e.g., trying to walk in the halls).

3. **Self-Care:**
Occasional: Most of the time able to transfer out of bed, walk, wash, toilet on their own, once daily/few times weekly need minor assistance.
Considerable: Needs help (one person) to do some of the activities noted above. Food needs to be cut but pt can eat on their own.
Mainly: Needs help w/ most self-care, not eating.
Total: Completely unable to eat, toilet, self-care w/out help. Depending on the situation, may or may not be able to chew/swallow food.

4. **Intake:** Changes in intake should be quite obvious.
Normal: Intake while healthy.
Reduced: Any reduction from that. Highly variable.
Minimal: Small amounts, usually pureed or liquid, below nutritional sustenance.

5. **Level of Consciousness:**
Full: Full alertness/orientation, thinking, memory, etc.
Confusion: Delirium or dementia, reduced level.
Drowsiness: Fatigue, drug side effects, delirium, closeness to death, "stupor".
Coma: Absence of response to verbal or physical stimuli; some reflexes may or may not remain (depth may fluctuate throughout 24-hr period).