

Palliative Performance Scale

Patient full name: _____ Date assessed: _____

Healthcare professionals use the Palliative Performance Scale (PPS) to assess and measure the functional status of patients with advanced illnesses, particularly those receiving palliative care. It helps guide clinical decision making and can assist in determining the appropriate level of care and support required for the patient.

Instructions

- Begin by assessing the patient's ambulation status. Choose the category that best describes the patient's ability to move around.
- Next, evaluate the patient's activity level and the evidence of disease. Consider their ability to perform regular activities and work.
- Assess the patient's ability to perform self-care tasks like bathing, dressing, and grooming. Determine if the patient requires assistance or can perform these tasks independently.
- Evaluate the patient's intake of food and fluids. Assess if their intake is normal, reduced, or minimal.
- Lastly, consider the patient's level of consciousness. Determine if they are fully alert, drowsy, or in a coma.

PPS score	Ambulation	Activity and evidence of disease	Self-care	Intake	Conscious level
100	Full	Normal activity, no evidence of disease	Full	Normal	Full
90	Full	Normal activity, Some evidence of disease	Full	Normal	Full
80	Full	Normal activity with effort, some evidence of disease	Full	Normal	Full
70	Reduced	Unable to do normal job/work, some evidence of disease	Full	Normal	Full
60	Reduced	Unable to do hobby/housework, significant disease	Occasional assistance	Normal	Full
50	Mainly sit/lie	Unable to do any work, extensive disease	Occasional assistance	Normal	Full
40	Mainly in bed	Unable to do most activities, extensive disease	Mainly assistance	Reduced	Full
30	Totally bed bound	Unable to do any activity, extensive disease	Total care	Reduced	Full

PPS score	Ambulation	Activity and evidence of disease	Self-care	Intake	Conscious level
20	Totally bed bound	Unable to do any activity, extensive disease	Total care	Minimal to sips	Drowsy or coma
10	Totally bed bound	Unable to do any activity, extensive disease	Total care	Mouth care only	Drowsy or coma
0	Death				

Notes

Attending physician's full name and signature:

Date signed: