



Palliative Care Performance Scale
Version 2
(PPSv2)

Name: _____

HCN: _____

Date of Birth: _____

| PPS Level | Ambulation | Activity & Evidence of Disease | Self-Care | Intake | Conscious Level |
|-----------|-------------------|--|----------------------------------|-------------------|------------------------------|
| 100% | Full | Normal activity and Work No Evidence of Disease | Full | Normal | Full |
| 90% | Full | Normal Activity and Work Some Evidence of Disease | Full | Normal | Full |
| 80% | Full | Normal Activity <i>with</i> 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/House Work 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 | -- | -- | -- | -- |

**Copyright © 2001 Victoria Hospice Society..... Medical Care of the Dying textbook 2006....
page 121.....with permission 2007**

| PPS Level | Date | Time | Location | Completed by Signature/Title |
|-----------|------|------|----------|---------------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |