Palliative Performance Scale (PPSv2)

PPS Level	Ambulation	Activity & Evidence of Disease	Self-Care	Intake	Conscious Level
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 *with* 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	-	-	-	-

Instructions for Use of PPS

1. PPS scores are determined by reading horizontally at each level to find a 'best fit' for the person. Leftward columns are "stronger" determinants, thereby taking precedence over others.
2. Begin at the left column and read downwards until the appropriate ambulation level is found.
3. Read across to the next column and downwards again until the activity/evidence of disease is located.
4. Read across the self-care column, intake and conscious level columns before assigning the PPS score to the patient.

Ambulation:

- "Reduced" ambulation occurs at PPS 70% and 60%. The difference between 70% and 60% is subtly related to the activity columns – that is whether the person is unable to do work (70%) or unable to do hobbies or house work (60%). Also note that the person at 60% requires occasional assistance with self-care.
- There are subtle differences between "mainly sit/lie" and "mainly in bed". The difference is subtly related to items in the self-care and intake columns. Use these adjacent columns to help decide. As well, the difference between mainly sit/lie and mainly in bed is proportionate to the amount of time the person is able to sit up versus the need to lie down.

Activity & Evidence of Disease:

- "Some", "significant" and "extensive" disease refer to physical and investigative evidence showing degree of disease progression.

  Example: Breast cancer

  - local recurrence = "some" disease
  - 1 or 2 metastases = "significant" disease

- multiple metastases = “extensive” disease

- The extent of disease is also judged in the context of the person’s ability to maintain work, hobbies and activities. For example, “reduced” activity may mean playing 9 holes of golf instead of the usual 18, or continuing with morning walks but at a reduced distance.

Self Care:

- “Occasional Assistance”; most of the time the person can transfer, walk, wash, toilet, eat own meals but sometimes needs help (e.g., once a day or a few times a week).
- “Considerable Assistance”; regularly every day the person needs help (e.g., to get to the bathroom but can brush own teeth; needs food cut but can feed self).
- “Mainly Assistance”; this is an extension of the “considerable assistance” category (e.g., person needs help getting to the bathroom and washing)
- “Total Care”; the person is unable to eat, toilet or do any self care without help.

Intake:

- “Normal”; refers to person’s usual eating habits while healthy
- “Reduced”; a reduction of the person’s normal eating habits
- “Minimal”; very small amounts, usually pureed or liquid, which are well below nutritional sustenance

Conscious Level:

- “Full consciousness”; full alertness, orientation, good cognitive abilities
- “Confusion”; presence of delirium or dementia and a reduced level of consciousness, which may be mild, moderate or severe
- “Drowsiness”; may be due to fatigue, drug side-effects, delirium, closeness to death
- “Coma”; absence of response to verbal or physical stimuli; depth of coma may fluctuate.

Making “Best Fit” Decisions:

- PPS scores are in 10% increments only (e.g., cannot score 45%)
- Sometimes, one or two columns seem easily placed at one level but one or two which seem better at a higher or lower level. One then needs to make a ‘best fit’ decision. In these cases use your clinical judgement and the leftward dominance rule to is used to determine the more accurate score for that person.
- PPS may be used for several purposes. First, it is an excellent communication tool for quickly describing a person’s current functional level. Second it may have value in criteria for workload assessment or other measurements and comparisons.

  Example 1: A person who spends the majority of the day sitting or lying down due to fatigue from advanced disease and requires considerable assistance to walk even for short distances but who is otherwise fully conscious level with good intake would be scored at PS 50%.

  Example 2: A person who has become paralysed and quadriplegic requiring total care would be PPS 30%. Although the person may be placed in a wheelchair (and perhaps seem initially to be at 50%), the score is 30% because he or she would be otherwise totally bed bound due to the disease or complication if it were not for caregivers providing total care including lift/transfer. The person may have normal intake and full conscious level.

  Example 3: However, if the person in example 2 was paraplegic and bed bound but still able to do some self-care such as feed themselves, then the PPS would be higher at 40 or 50% since he or she is not ‘total care’.