Palliative Performance Scale (PPS) Version 2

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 (see also definition of terms)

PPS scores are determined by reading horizontally at each level to find a 'best fit' for the individual that is then assigned as the PPS% score.

Begin at the left column and read downwards until the appropriate ambulation level is reached, then read across to the next column and downwards again until the activity/evidence of disease is located. These steps are repeated until all five columns are covered before assigning the actual PPS for that individual. In this way, 'leftward' columns (columns to the left of any specific column) are 'stronger' determinants and generally take precedence over others.

Example 1: The 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 with good intake would be scored at PPS 50%.

Example 2: An individual who has become paralyzed and quadriplegic requiring total care would be PPS 30%. Although this 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 self, then the PPS would be higher at 40% or 50% since he or she is not 'total care'.

PPS scores are in 10% increments only. Sometimes, there are several columns 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. Choosing a 'half-fit' value of PPS 45%, for example, is not correct. The combination of clinical judgment and 'leftward precedence' is used to determine whether 40% or 50% is the more accurate score for that person.

Definition of Terms for PPS[2]

Some of the terms have similar meanings with the differences being more readily apparent as one reads horizontally across each row to find an overall 'best fit' using all five columns.

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 either profound weakness or paralysis such that the person not only can't get out of bed but is also unable to do any self-care. The difference between 'sit, lie, and bed' is proportionate to the amount of time the person is able to sit up versus need to lie down.
- 'Reduced ambulation' is located at the PPS 70% and PPS 60% level. By using the adjacent column, the reduction of ambulation is tied to inability to carry out their normal job, work occupation or some hobbies or housework activities. The person is still able to walk and transfer independently but at PPS 60% needs occasional assistance.

Activity & Extent of Disease

- 'Some', 'significant', and 'extensive' disease refer to physical and 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. The extent may also refer to progression of disease despite active treatments. Using PPS in AIDS, 'some' may mean the shift from HIV to AIDS, 'significant' implies progression in physical decline, new or difficult symptoms and laboratory findings with low counts. 'Extensive' refers to one or more serious complications with or without continuation of active antiretrovirals, antibiotics, etc.
- The above extent of disease is also judged in context with the ability to maintain one's work and hobbies or activities. Decline in activity may mean the person still plays golf but adjusts from playing 18 holes to 9 holes, or just a par 3, or to backyard putting. 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 the halls).

Self-Care

- 'Occasional assistance' means that most of the time the person is able to transfer out of bed, walk, wash, toilet and eat by his or her own means, but that on occasion (perhaps once daily or a few times weekly) minor assistance is required.
- 'Considerable assistance' means that regularly every day the individual needs help, usually by one person, to do some of the activities noted above. For example, the person needs help to get to the bathroom but is then able to brush his or her teeth or wash at least hands and face. Food will often need to be cut into edible sizes but the person is then able to eat of his or her own accord.

- 'Mainly assistance' is a further extension of 'considerable'. Using the above example, the person now needs help getting up but also needs assistance with washing, but can usually eat with minimal or no help. This may fluctuate according to fatigue during the day.
- 'Total care' means that the person is completely unable to eat without help, toilet or do any self-care. Depending on the clinical situation, the person may or may not be able to chew and swallow food once prepared and fed to him or her.

Intake

- Changes in intake are quite obvious with 'normal intake' referring to the person's usual eating habits while healthy. 'Reduced' means any reduction from that and is highly variable according to the unique individual circumstances. 'Minimal' refers to very small amounts, usually pureed or liquid, which are well below nutritional sustenance.

Conscious Level

- 'Full consciousness' implies full alertness and orientation with good cognitive abilities in various domains of thinking, memory, etc. 'Confusion' is used to denote presence of either delirium or dementia and is a reduced level of consciousness. It may be mild, moderate or severe with multiple possible etiologies. 'Drowsiness' implies fatigue, drug side effects, delirium or closeness to death and is sometimes included in the term stupor. 'Coma' in this context is the absence of response to verbal or physical stimuli; some reflexes may or may not remain. The depth of coma may fluctuate throughout a 24 hour period.

Scoring of PPS scores should be initiated when there are no further interventions whose goal is cure or remission available to the person with a life-threatening illness.

In the home setting: Good practice is to complete the PPS at each visit.

In the hospital or palliative care unit setting: Good practice is to complete the PPS at the same time each day.

In a long-term care home setting: Good practice is to complete the PPS on admission, quarterly, and daily when a score of 30% is not maintained concurrently for 72 hours and daily for scores of 20% and lower.

References

1 Victoria Hospice. Palliative Performance Scale (PPSv2) version 2. In: Medical Care of the Dying (4th ed). Vancouver; 2006.

2 Victoria Hospice. Palliative Performance Scale (PPSv2) version 2. In: Medical Care of the Dying (4th ed). Vancouver; 2006.