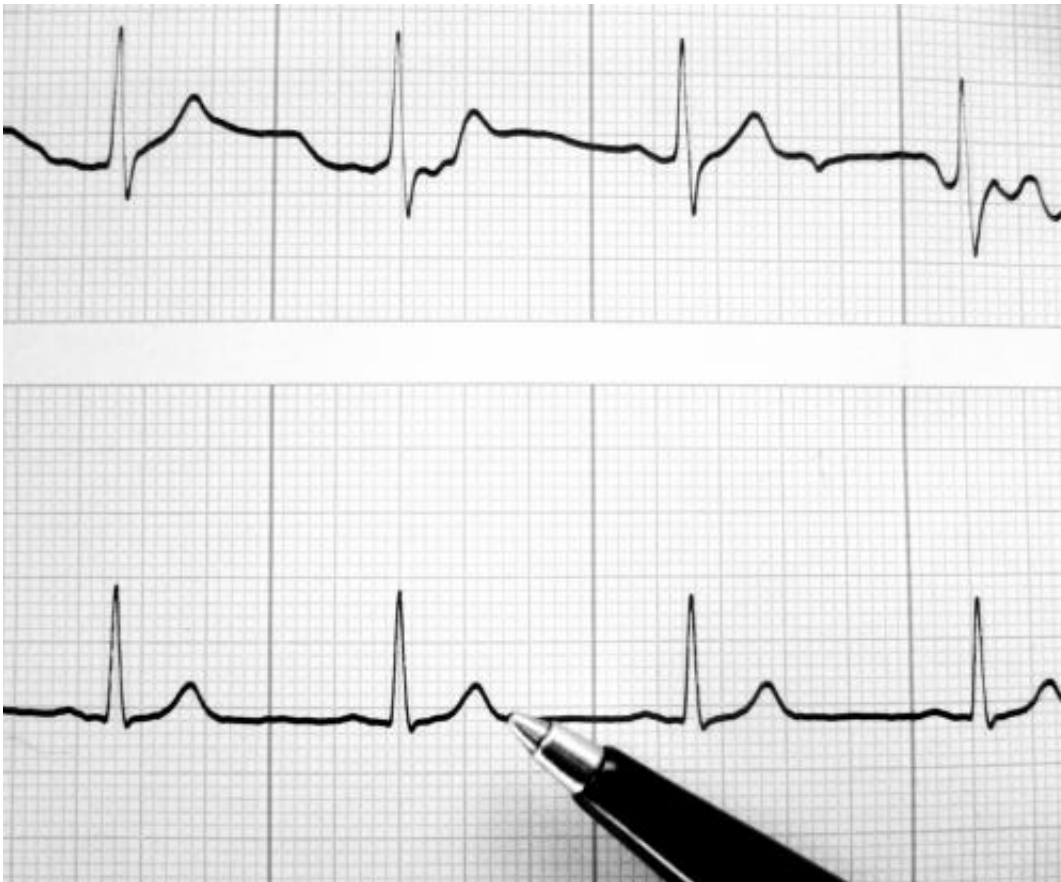


# CARING Criteria shows one year death risk at time of hospital admission

December 5 2013

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Recognizing patients at highest mortality risk helps doctors match treatments to values and health goals. Credit: Flickr/Rosmary cc license.

A University of Colorado Cancer Center study recently published in the *Journal of Hospital Medicine* validates a prognostic tool that determines

risk of death within a year of hospital admission, helping doctors match treatments to patients' values and goals of care.

"There are many prognostic indices, but until now none meant to be used immediately upon [hospital admission](#)," says Stacy Fischer, MD, CU Cancer Center investigator and assistant professor of internal medicine at the University of Colorado School of Medicine.

"Basically, with five criteria – none of which require obtaining labs or data gathering – we can accurately predict who is at low, medium and high risk for death within a year," says Jeanie Youngwerth, MD, CU Cancer Center investigator and Palliative Care specialist at the University of Colorado Hospital and School of Medicine.

The [prognostic tool](#) uses the following criteria:

C: Primary diagnosis of cancer

A: Admissions of 2 or more for a chronic illness within the last year

R: Resident in a nursing home

I: ICU [admission](#) with multi-organ failure

NG: Meeting 2 or more Non-cancer hospice Guidelines

The group had previously validated the scale with a population in a Veteran's Administration [hospital](#) setting, but its predictive power with other populations was unknown. The current study showed that in 1,064 patients admitted to a university hospital and safety net hospital in the Denver, CO area, one-year survival was significantly lower for patients meeting one or more of the CARING criteria. Of the 388 patients who met one or more of the CARING criteria, 134 died within one year of

the initial admission date.

"The CARING criteria can help us immediately identify patients on admission who could benefit from incorporating palliative interventions into their hospital plan of care," Youngwerth says.

"The main thing is that we address patients' goals of care. We want to make sure our treatments are in line with patients' values and the things that are important to them," Fischer says.

In the researchers' opinion, the CARING criteria is ready for use in hospital settings to help identify [patients](#) on admission who have limited life expectancy within the next year so that their unique needs can be appropriately addressed.

**More information:** [onlinelibrary.wiley.com/doi/10.1002/jhm.2107/abstract](https://onlinelibrary.wiley.com/doi/10.1002/jhm.2107/abstract)

Provided by University of Colorado Denver

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