

## **Video transcript: Australia-modified Karnofsky Performance Scale (AKPS)**

The Australia-modified Karnofsky Performance Scale (known as AKPS) is a measure of the patient's functional status or ability to perform their activities of daily living.

It has been tested and works well with both cancer and non-cancer patients.

We recommend AKPS for routine use in specialist palliative care, as part of a core set of patient-centred Outcome Measures.

AKPS is scored by staff and consists of just one item, scored from 100% (representing full physical function) down to 0% (when the patient has died) in steps of 10%.

It is based on the patient's ability to perform common tasks relating to activity, work, and self-care. Lower numbers indicate a reduced functional status.

### **Here are examples of the most common scores which raise uncertainty:**

The score of 70% indicates the patient being able to care for self, but unable to maintain normal activity. An example is being unable to maintain work or usual daily activities at home.

The score of 60% indicates the patient cares for themselves the majority of the time, but occasionally needs some assistance. An example is a patient needing some help with daily activities.

A score of 50% indicates that the patient needs help frequently. An example is the patient needing considerable help with mobility and personal care.

A score of 40% indicates that the patient is in bed over half of the time because of functional impairment due to their illness.

Scores of 30%, 20% and 10% indicate even lower levels of functioning.

Please remember to record 0% at the time of death, so that the degree of change in functional status over the last days of life can be understood. This helps to understand how much change has occurred and what an individual patient and family have had to address in terms of change in functional status.

### **How to use AKPS?**

Patients should be scored based on their current needs and presentation.

### **When to measure AKPS?**

AKPS should be measured at first assessment, when the palliative Phase of Illness Outcome Measure score changes, and at end of an episode of care (including discharge or death).

An episode of care ends when a patient moves setting, for example from hospital or hospice to home or vice versa. It also occurs when a patient dies.

If you are unsure of the score, it is helpful to consider the following questions:

- Have there been any changes today with the patient's ability to undertake activities of daily living?
- Is the patient requiring more physical care today?
- How much time is the patient actually spending in bed?

### **How does AKPS compare with other functional scores?**

AKPS is an 11 point score. Some cancer specialists use a 5 point score; either the Eastern Cooperative Oncology Group (ECOG) score or the World Health Organisation (WHO) score:

- Fully functional
- Symptomatic but completely ambulatory
- Symptomatic, less than 50% in bed during the day but not bedbound
- Symptomatic more than 50% in bed, but not bedbound
- Bedbound

AKPS score can be translated into the ECOG or WHO score as follows:

*[Scores illustrated in the video]*

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## References

Abernethy AP, Shelby-James T, Fazekas BS, Woods D, Currow DC. The Australian modified Karnofsky Performance Status (AKPS) scale: a revised scale for contemporary palliative care clinical practice. *BMC Palliative Care*. 2005;4(1):7.