

Neurological Disorders (ALS, MS, Parkinson's, etc.)

PATIENT SHOULD MEET THE FOLLOWING CRITERIA:

Rapid progression of ALS evidenced by:

- 1 Impaired breathing capacity
 - Vital capacity < 30%
 - Severe dyspnea at rest
 - Oxygen dependency
- AND**
- 2 Impaired ADL's
 - Wheelchair or bed bound
 - Barely intelligible speech
 - Dysphagia
- OR**
- 3 Critically impaired nutrition
 - Continued weight loss
 - Dehydration
- OR**
- 4 Life threatening complications
 - Recurrent aspiration pneumonia
 - Sepsis
 - Recurrent fever after antibiotic therapy

Cancer

PATIENT SHOULD MEET THE FOLLOWING CRITERIA:

- Diagnosis confirmed through pathology or radiology. Cell type determined.
- Patient is no longer receiving curative treatment. (Patients receiving palliative radiation/chemotherapy evaluated on an individual basis)
- Evidence of end stage disease and/or metastasis. Stage of disease determined. Recent lab/diagnostic studies supporting end-stage diagnosis.
- Pain and/or malnutrition support hospice eligibility.

End-Stage Heart Disease

PATIENT SHOULD MEET THE FOLLOWING CRITERIA:

- 1 Recurrent Congestive Heart Failure (CHF), classified as New York Heart Association (NYHA) Class IV on ejection fraction of 20% or less
 - Symptoms of CHF persist at rest
 - Oxygen dependency
 - Symptoms increase with activity
- AND**
- 2 Optimal treatment with diuretics and vasodualators **OR** Resting angina pectoris resistant to nitrate therapy

SUPPORTIVE DOCUMENTATION:

- History of cardiac arrest or resuscitation
- Cardiogenic brain embolism
- History of unexplained syncope
- Concomitent HIV diseases

Debility Unspecified

PATIENT SHOULD MEET THE FOLLOWING CRITERIA:

- 1 Body Mass Index (BMI), 22 kg/m and decline of or no response to enteral/parenteral nutritional support
- 2 Multiple comorbid conditions
- 3 Debility evidenced by a Karnofsky or Palliative Performance Scale value ≤ 40%

HOSPICE ADMISSION GUIDELINES

All Diagnoses

The following are general guidelines for determining a life expectancy of six months or less, if the disease runs its normal course. However, some patients may not meet the criteria, yet are still eligible for hospice care because of other co-morbid conditions or rapid decline. *Patients are evaluated based on prognosis rather than diagnosis.*

PATIENT SHOULD MEET ALL OF THE FOLLOWING CRITERIA:

- Terminal condition either due to a specific diagnosis or a combination of diseases
- Nurse or physician assessment documented clinical progression of disease process including laboratory, radiology or other studies
- Patient/Family/Physician agrees exacerbation of terminal illness will not be treated aggressively
- Patient and/or Family have chosen a course of palliative care

SUPPORTIVE DOCUMENTATION:

- Unintentional, progressive weight loss greater than 10% of body weight
- Multiple ER visits or hospitalizations over the previous 6 months
- Functional decline (Karnofsky Performance Status less than or equal to 50% or dependence in 3 ADL's)
- Serum Albumin less than 2.5 gm/dl
- Combination of serum cholesterol under 156 and hematocrit less than 41%

End-Stage Liver Disease

PATIENT SHOULD NOT BE A CANDIDATE FOR LIVER TRANSPLANTATION

- Should show both:**
- Prothrombin time prolonged more than 5 sec. over control
 - Serum albumin < 2.f gm/dl.

SHOULD SHOW AT LEAST ONE OF THE FOLLOWING:

- Spontaneous Bacterial peritonitis
- Recurrent variceal bleeding
- Hepatorenal syndrome (elevated Creatinine and BUN with oliguria)
- Hepatic encephalopathy

THE FOLLOWING MAY WORSEN PROGNOSIS:

- Progressive malnutrition
- Hepatocellular carcinoma
- Continued active alcoholism
- HBsAg positivity
- Muscle wasting with reduced strength and endurance

End-Stage AIDS

PATIENT SHOULD HAVE BOTH OF THE FOLLOWING:

1 CD4 less than 25 cells/mcL

AND

2 Persistent HIV RNA (viral load) of >100,000 copies/ml

AND ONE OF THE FOLLOWING:

- | | | |
|---|---|---|
| 1 | <ul style="list-style-type: none"> ■ CNS lymphoma (2.5 months) ■ MAC bacteremia, untreated/unresponsive ■ Renal failure in absence of dialysis ■ Progressive multifocal leukoencephalopathy | <ul style="list-style-type: none"> ■ Untreated/unresponsive wasting ■ Visceral Kaposi's sarcoma unresponsive to therapy ■ Cryptosporidium infection ■ Toxoplasmosis unresponsive to treatment |
|---|---|---|

OR

2 ■ Declining functional status as evidenced by Karnofsky Performance Status (KPS) ≤ 50%

SUPPORTIVE DOCUMENTATION:

- Chronic persistent diarrhea for one year
- Decisions to forego antiretroviral, chemotherapeutic and prophylactic drug therapy related specifically to HIV disease
- Congestive heart failure, symptomatic at rest
- Persistent serum albumin <2.5 gm/dl
- Concomitant substance abuse
- Advanced AIDS dementia

Pulmonary Disease

PATIENT SHOULD MEET THE FOLLOWING CRITERIA:

- 1 Disabling dyspnea at rest
- 2 Dyspnea exacerbated by other debilitating symptoms such as fatigue and cough
- 3 Frequent ER visits or hospitalizations for pulmonary infections and/or respiratory failure

SUPPORTIVE DOCUMENTATION:

- Presence of Cor Pulmonale or Right-sided Heart Failure (due to advanced pulmonary disease) documented by Echocardiogram, EKG, CXR, physical signs of CHF
- Unintentional, progressive weight loss of greater than 10% of body weight over the preceding six months
- Resting tachycardia greater than 100/minute in a patient with known COPD
- Hypoxemia and/or Hypercapnia at rest while on oxygen

Stroke and Coma

PATIENT SHOULD MEET ALL OF THE FOLLOWING CRITERIA:

STROKE

- 1 Palliative Performance Scale (PPS) of 40
 - Primarily bed bound
 - Inability to perform ADL's without assistance
 - Reduces food/fluid intake
- 2 Inability to maintain hydration and caloric intake with one of the following:
 - Weight loss 10%
 - Serum Albumin 2.5 gm/dl
 - History of aspiration

COMA

Comatose patient with any three of the following on day 3 of coma:

- Abnormal brain stem response
- Absent withdrawal response to pain
- Absent verbal response
- Serum creatinine > 1.5 mg/dl

Alzheimer's / Dementia

At or beyond Stage Seven on the Functional Assessment Staging (F.A.S.T.)

PATIENT SHOULD SHOW ALL OF THE FOLLOWING CHARACTERISTICS:

- Inability to perform ADL's without assistance
- Nonabulatory
- Speech is limited to approximately six or fewer words
- Urinary and fecal incontinence

SUPPORTING MEDICAL COMORBID OR SECONDARY CONDITIONS:

- Aspiration pneumonia
- Septicemia and decubitus ulcers
- Fever recurrent after antibiotics
- Difficulty swallowing food or refusal to eat
- CHD
- Patients receiving tube feedings should have documented impaired nutritional status
- COPD
- Pyelonephritis: or other upper urinary tract infections

End-Stage Renal Disease

PATIENT SHOULD MEET THE FOLLOWING CRITERIA:

- 1 Discontinuing or refusing dialysis
- 2 Creatinine clearance of < 10 cc/min (< 15 cc/min for diabetics)
- 3 Serum Creatinine > 8.0 mg/dl (> 6.0 mg/dl for diabetics)

SUPPORTIVE DOCUMENTATION:

- Hepatorenal syndrome
- Intractable hyperkalemia (>7.0)
- Uremia
- Uremic pericarditis
- Oliguria (<400 cc/day)
- Intractable fluid overload