



Quick guide to hospice care

Hospice Eligibility Guidelines

- Patients diagnosed with a life-limiting illness
- Patients and families have accepted treatment goals that focus on symptom management rather than curative treatments
- Other indications that might help to support hospice eligibility include:
 - Frequent hospitalization or ER visits
 - Progressive weight loss
 - Deteriorating mental state
 - Recurrent infections
 - Other specific declines in health or physical condition

Our hospice program is perhaps the best example of our mission in action – to provide exceptional care and unparalleled service to patients and families who have placed their trust in us. Our multidisciplinary team of medical professionals embraces the philosophy of putting patient needs ahead of all else. Our patients receive compassionate, personalized care in the comfort of their homes, including:

- Services managed and directed by a physician to manage pain and control symptoms
- Specially trained hospice nurses, staff and home health aides to assist with personal hygiene care
- Medications, specialized therapies and all durable medical equipment required for the terminal diagnosis
- Psychosocial, spiritual and grief support services for patients and families as needed

Meeting the physical, social, emotional and spiritual needs of each patient and family is our top priority. To refer a patient for hospice care, please call us today.

Non-cancer hospice diagnoses indicators*

Cardiac/Heart Disease

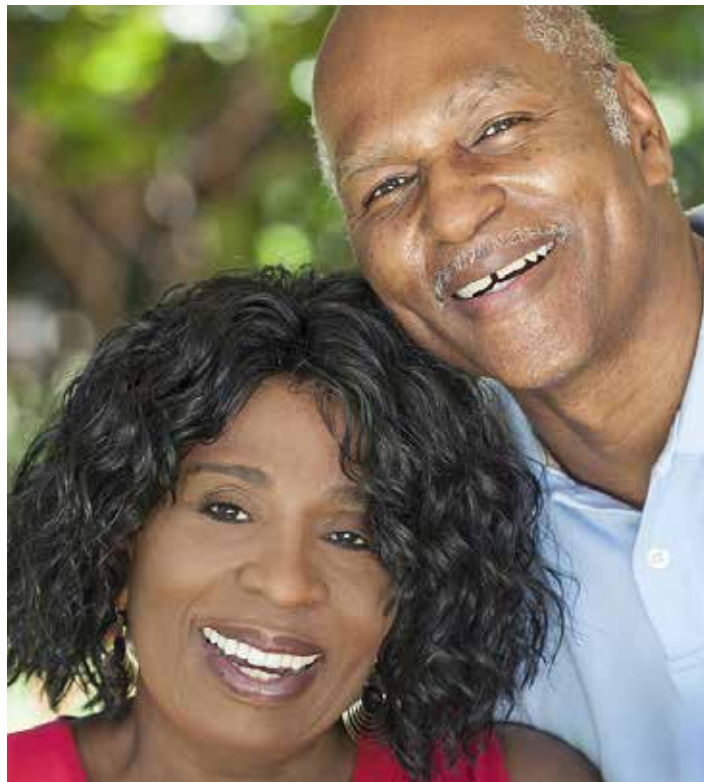
- Optimally treated for heart disease with continued disabling symptoms present even when at rest such as:
 - Recurrent chest pain, edema, shortness of breath
 - Intolerance of any physical activity
- Ejection fraction 20% or less can help to support eligibility
- Prior cardiac arrest or serious arrhythmias
- Not a candidate for aggressive or invasive treatment such as cardiac surgery

Pulmonary/Lung Disease

- Disabling dyspnea at rest despite optimal treatment
- Minimally responsive to bronchodilators
- Frequent ER visits for pulmonary infections and/or respiratory failure
- O2 sat of 88% or less at rest or a pCO2 of 50 mmhg
- Weight loss, pulse rate >100, history of pulmonary disease

Stroke or Coma

- Inability to maintain hydration and caloric intake impacting weight loss greater than 10% during previous six months
- Abnormal brain stem response
- Absent verbal response
- Absent withdrawal response to pain
- Patient must have a palliative performance score of 40% or less



ALS

- Severely impaired breathing capacity
- Rapid disease progression
- Need assistance to ambulate
- Unintelligible speech
- Progression to pureed diet
- Severe nutritional impairment
- Life-threatening complications

Failure to Thrive-Adult

- Nutritional impairment impacting weight loss
- Severely disabled
- Comorbid conditions
- Patient must have a BMI of 22 or less

Liver Disease

- Diagnosis of end-stage liver disease
- Ascites despite medical management and one of the following:
 - History of variceal bleeds or spontaneous bacterial peritonitis,
 - Hepatic encephalopathy
 - Hepato renal syndrome
 - INR > 1.5 or PT 5 seconds above control
 - Albumin < 2.5
- Progressive malnutrition
- Muscle wasting with reduced strength and endurance

Alzheimer's/Dementia

- Ability to speak is severely limited to one-five words per day.
- Need assistance to ambulate or dress, unable to smile, sit up independently, hold head up, patient largely bed/chair bound
- Urinary or fecal incontinence
- Meaningful verbal communication not consistent
- Weight loss

Renal Disease

- Not pursuing dialysis or transplant
- Creatinine clearance <10 cc/min
- Serum Creatinine > 8.0 mg/dl
- Unresponsive, intractable fluid overload

HIV/AIDS

- Changes in lab values
- Untreated or refractory wasting
- Decreased performance status
- Chronic persistent diarrhea for one year

**General indicators for a hospice evaluation. Eligibility is determined by a physician's evaluation. Contact physician for an order for evaluation.*