Hospice care since 1981

hospice

determination guidelines

A clinical tool to assist in determining if someone is appropriate for hospice services.

HOSPICE CARE of Southwest Michigan

Here for Life

269.345.0273

Home Hospice Care • Rose Arbor Hospice Residence
Grief Support Services • Adult Day Services at Oakland Centre

To the physician or clinician. Any person diagnosed with a life-limiting disease and whose life expectancy is measured in months is eligible for our hospice services. In most cases, hospice care can begin when curative treatment is no longer deemed effective or desirable.

Consultation with a hospice medical director is available at any time to assist in determining if hospice services are appropriate. Patients and families should feel free to explore the potential benefits of hospice care as well.

Hospice care is unique because it focuses on symptom control, pain management and quality of life. Hospice goes beyond physical needs, as our hospice team is trained to address the emotional, psychological and spiritual needs of the patient and family.

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These guidelines are not a substitute for clinical judgment. They are summarized from current HHS/CMS Local Coverage Determination Policies.

ALS

Would you be surprised if this person died in the next 12 months? If the answer is "No," then it is time to begin the hospice conversation.

All patients must meet criteria #1 as well as either 2A, 2B or 2C.

1. Rapid progression of ALS. Most of disability should have developed in the past 12 months from:

- Independent ambulation to wheelchair or bed-bound.
- Normal to barely intelligible or unintelligible speech.
- Normal to blenderized diet.
- Independence in all or most ADLs to requiring assistance in all ADLs.

2. At least one of the following must also apply:

A. Critically impaired ventilatory capacity.

- Vital capacity less than 30% of normal.
- Dyspnea at rest.
- Supplemental oxygen required at rest.
- Intubation or tracheostomy and mechanical ventilation considered but declined.

B. Critical nutritional impairment.

- Absence of artificial feeding methods sufficient to sustain life.
- Oral intake insufficient to sustain life.
- Continued weight loss.

C. Life threatening complications.

- Recurrent aspiration pneumonia.
- Decubitus ulcers, multiple, stage 3 to 4, particularly if infected.
- Upper urinary tract infection, e.g., pyelonephritis.
- Sepsis.
- Recurrent fever after antibiotics.

Compassion
brings us to
a stop, and
for a moment
we rise
above ourselves.

Mason Cooley

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cancer

- Evidence of end-stage disease and/or metastasis confirmed by pathology, radiology, lab/diagnostic studies
- Lab/diagnostic studies support disease progression.
- A continued decline in spite of definitive therapy.
- No longer receiving curative treatment.
  (If palliative radiation or chemotherapy is continued, each patient is evaluated individually.)
- Karnofsky Performance Status < 50%.

A hero is someone who has given his or her life to something bigger than oneself.

Joseph Campbell

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cardiac disease

- Dyspnea at rest or with minimal exertion.
- Orthopnea.
- Significant symptoms of CHF or angina at rest (may be documented by ejection fraction of <20% but not required).
- Uncontrolled edema not responsive to medical therapy.
- On optimal diuretics and vasodilator therapy and remains symptomatic.
- EF ≤ 20% (if available).
- Symptomatic arrhythmia resistant to therapy.
- History of cardiac arrest or resuscitation.
- Cardiac syncope.
- CVA of cardioembolic origin.
- Concomitant HIV disease.
- New York Heart Association Class IV CHF symptoms.

I walk slowly,
but I never
walk
backward.

Abraham Lincoln

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CVA /stroke

- Persistent vegetative state > 3 days.
- Dysphagia preventing sufficient intake of fluids or calories to sustain life.
- Is not tolerating/taking in sufficient amount of fluid or caloric intake to sustain life.
- Unintentional weight loss greater than 10% over the past six months.
- Dependent for all ADLs.
- Bed or chair bound.
- Aspiration pneumonia.
- Sepsis.
- Refractory stage 3-4 decubitus ulcers.
- Upper UTI (pylonephritis).
- Fever recurrent after antibiotics.
- Decreased level of consciousness, coma, or pvs.
- Karnofsky Performance Status < 50%.

We all die.
The goal isn't
to live forever,
the goal is to
create something
that will.

Chuck Palahniuk

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dementia

- Functional Assessment Staging Tool (FAST) stage 7 or greater.
- Unable to ambulate without assistance.
- Unable to dress without assistance.
- Unable to bathe without assistance.
- Urinary & fecal incontinence (intermittent or constant).
- No consistently meaningful verbal communication (limited to six or fewer intelligible words, stereotypical phrases only).

Should have had one of the following co-morbidities within the past 12 months:

- Aspiration pneumonia.
- Pyelonephritis or UTI.
- Septicemia.
- Fever, recurrent with antibiotics.
- 10% weight drop during past six months.
- Serum albumin <2.5 gm/dl.
- Inability to maintain sufficient fluid or caloric intake.

I need to learn how to be content with simply not knowing, and be at peace with the notion that every-thing does not need an explanation.

Anonymous

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liver disease

- International Normalized Ratio (INR) > 1.5.
- Serum albumin <2.5 gm/dl.

End stage with at least one of the following:

- Ascites, unresponsive to tx or patient noncompliance.
- Spontaneous bacterial peritonitis.
- Hepatorenal syndrome (elevated creatinine and BUN w/oliguria: 400 ml/day) and urine sodium concentration of <10mEq/l.
- Hepatic encephalopathy, refractory to treatment OR patient noncompliant.
- Recurrent variceal bleeding, despite intensive therapy.

Supporting disease progression:

- Progressive malnutrition.
- Hepatitis B positive or C.
- Muscle wasting; decreased strength & endurance.
- Active ETOH abuse (>80 gm/day).

…you matter
until the end of your
life, we will do all
we can not only to
help you die peace-
fully, but also to live
until you die.

Dame Cicely Saunders
founder of the hospice movement

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multiple sclerosis

Critical nutritional impairment evidenced by:

- Oral intake of nutrients and fluids insufficient to sustain life.
- Continuing weight loss.

Rapid disease progression or complications in the preceding 12 months evidenced by:

- Progression from independent ambulation to wheelchair or bed bound status.
- Progression from normal to barely intelligible or unintelligible speech.
- Progression from normal to pureed diet.
- Progression from independent in most or all activities of daily living (ADLs) to needing major assistance.

Life-threatening complications in the preceding 12 months as evidenced by one or more of the following:

- Critically impaired breathing capacity.
- Dyspnea at rest.
- Recurrent aspiration pneumonia (with or without tube feedings).
- Upper urinary tract infection (pyelonephritis).
- Sepsis or recurrent fever after antibiotic therapy.
- Stage 3 or 4 decubitus ulcers.

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pulmonary disease

- Disabling dyspnea at rest, poorly or non-responsive to bronchodilators, resulting in decreased functional capacity. (Documentation of forced expiratory volume in one second after broncodilator, less than 30% predicted).
- Prior increasing visits to the ER or hospitalizations for pulmonary infections/respiratory failure.
- Hypoxemic at rest on room air, as evidenced by: O2 saturation ≤88% or hypercapnia (pCO2 ≥50 mm Hg).

Supportive documentation may include:

- Cor pulmonale and right heart failure.
- Progressive weight loss > than 10% over preceding 6 months.
- Resting tachycardia >100/min.
- Karnofsky Performance Status <50%.

Not everything
that is faced
can be changed,
but nothing can
be changed until
it is faced.

James Baldwin

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renal disease

- Patient is not seeking dialysis or renal transplant.
- Creatinine clearance < 10 cc/min (< 15 cc/minute for diabetics) with co-morbidity.
- Serum c > 8.0 mg/dl (6.0 mg/dl for diabetics).

Chronic Renal Failure — Supportive Documentation:

- Uremia.
- Oliguria (< 400 cc/day).
- Intractable hyperkalemia (not responsive to treatment).
- Uremic pericarditis.
- Hepatorenal syndrome.
- Intractable fluid overload (not responsive to treatment).
- Discontinuation of dialysis.

Sometimes
I inspire my
patients;
more often
they inspire me.

Anonymous

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functional assessment staging tool (FAST)

Stage 6

a. Improperly putting on clothes without assistance or cueing occasionally or more frequently over the past weeks.

b. Unable to bathe properly occasionally or more frequently over the past weeks.

c. Inability to handle mechanics of toileting occasionally or more frequently over the past weeks.

d. Urinary or fecal incontinence occasionally or more frequently over the past weeks.

Stage 7

a. Ability to speak limited to approximately a half-a-dozen intelligible different words or fewer, in the course of an average day or in the course of an intensive interview.

b. Speech ability limited to the use of a single intelligible word in an average day or in the course of an intensive interview (person may repeat the word over and over).

c. Ambulatory ability is lost (cannot walk without personal assistance).

d. Cannot sit up without assistance.

e. Loss of ability to smile.

f. Loss of ability to hold up head independently.

Reisberg, B., Functional assessment staging (FAST), Psychopharmacology Bulletin, 1988; 24-653-659

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(KPS) karnofsky performance status

100%	Normal, no evidence of disease.
90%	Able to perform normal activity with only minor symptoms.
80%	Normal activity with effort, some symptoms.
70%	Able to care for self but unable to do normal activities.
60%	Requires occasional assistance, cares for most needs.
50%	Requires considerable assistance.
40%	Disabled, requires special assistance.
30%	Severely disabled/requires close monitoring.
20%	Very sick, requires active supportive treatment.
10%	Moribund/imminent death.

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cancer
cardiac disease
CVA/stroke coma
dementia
liver disease
multiple sclerosis
pulmonary disease
renal disease

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hospiceswmi.org

If you have questions related to these guidelines, please call Dr. Raphelson M.D., Medical Director, or call and ask to speak to one of our admission nurses.

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