Transitions℠ HospiceCare

Founded as Hospice of Wake County • 1979

Admission Guidelines for Non-Oncologic Patients

Not sure if a patient is eligible for hospice?

Call 919.828.0890

The following are guidelines not rules. All of the factors do not have to be present for the patient to be eligible for hospice services. In the absence of one or more of these findings, rapid decline or secondary conditions and comorbidities may also support eligibility for hospice care.

General Criteria for Hospice:

- Life-limiting condition with an estimated prognosis of 6 months or less
- Evidence of either disease progression and/or impaired nutritional status indicated by involuntary weight loss of >10% of body weight in past 6 months
- Goal of treatment is relief of symptoms, not cure
- NOTE: Per CMS Adult Failure to Thrive (AFTT) and Debility can no longer be used as the primary diagnosis for admission to hospice, however, they can still be used as secondary or comorbid diagnoses
- Other indicators for hospice:
  - Frequent ER visits or hospitalizations
  - Albumin <2.5
  - Pressure ulcers
  - Homebound or bed-confined
  - BMI<22, PPS ≤40%

Dementia

- FAST Stage 7-C or greater:
  - All intelligible vocabulary lost
  - Incontinent
  - Non-ambulatory
- Severe comorbid conditions:
  - Aspiration pneumonia
  - Pyelonephritis
  - Septicemia
  - multiple pressure ulcers
- Other general criteria present

Heart Disease

- Recurrent heart failure
- Discomfort with any activity
- Chest pain or shortness of breath at rest (NYHA Class IV)
- Patient already treated with diuretics and vasodilators with little symptom relief

Lung Disease

- Disabling difficulty breathing at rest
  - O_2 dependent
  - Decreased functional status (bed to chair existence)
- Progressive lung disease as evidenced by frequent ER visits/ hospitalizations
- Low oxygen blood level at rest when oxygen in use ($pO_2 \leq 55$ mm Hg or O_2 sat ≤ 88%)
- Elevated level of carbon dioxide in the blood (Hypercapnia: pCO2 ≥ 50 mm Hg)
- Symptoms of right sided heart failure

Stroke and Coma

- Acute:
  - Coma > 3 days
  - Abnormal brain stem response
  - Unable to sustain fluid/caloric intake
- Chronic:
  - Age > 70 years
  - Post stroke dementia
  - FAST score > 7
  - PPS ≤ 50%

Renal Disease

- Not a candidate or declines dialysis
- Creatinine clearance < 10 cc/min and serum creatinine > 8.0 mg/dl
- Decreased urinary output < 400 cc/24 hours
- Elevated potassium >7.0 despite treatment
- Symptoms of progressive renal failure:
  - Uremia, nausea, itching, confusion
  - Fluid overload despite treatment
  - Uremic pericarditis
  - Hepatorenal syndrome

Liver Disease

- End-stage cirrhosis
- INR > 1.5
- Albumin < 2.5
- Clinical evidence of end stage cirrhosis
  - Ascites despite treatment
  - Spontaneous peritonitis
  - Hepatorenal syndrome
  - Hepatic encephalopathy despite treatment
  - Recurrent variceal bleeding

HIV Disease

- NHPCO criteria developed before the advent of highly active antiviral therapies
- **Suggestive of short term mortality:**
  - Documented failure to respond to or tolerate an adequate trial of antiretroviral therapy (ART)
  - Impairments in >2 ADLs; PPS <50%
  - Clinically significant cognitive impairment
  - Serious medical comorbidity including malignancy
  - End-stage cirrhosis
  - Liver or renal failure

ALS

- Critically impaired ventilatory capacity indicated by
  - Vital capacity < 30% of predicted
  - Significant dyspnea at rest
  - Requires O_2 at rest
  - Declines invasive ventilation

  OR
- Rapid progression of functional decline and critical nutritional impairment indicated by
  - Oral intake of nutrients or fluids insufficient to sustain life
  - Continued weight loss
  - Dehydration or hypovolemia

  OR
- Rapid progression **and** life-threatening complications such as
  - Recurrent aspiration pneumonia
  - Upper urinary infection e.g. pyelonephritis
  - Sepsis
  - Multiple, progressive stage 3 or 4 pressure ulcers
  - Fever recurrent after antibiotics

Patient referral
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