

Stroke

- Poor functional status, requiring considerable assistance and frequent medical care as demonstrated by Karnofsky < 40%
- Inability to maintain hydration and caloric intake
- The patient has been treated in the past 12 months for a medical complication, such as aspiration pneumonia, upper UTI, sepsis, refractory stage 3-4 decubitus ulcers, or recurrent fever that is unresponsive to antibiotic

HIV Disease

- CD4 + count < 25/mcl OR persistent viral load > 100,000 copies/ml (2 or more assays at least one month apart)
- Untreated or not responsive to treatment, wasting (loss of 10% lean body mass)
- Poor functional status, requiring considerable assistance and frequent medical care as demonstrated by Karnofsky ≤ 50%

Coma

- Coma- persistent state > 3 days
- Absent verbal response
- Absent pain response
- Serum creatinine > 1.5 mg/dl

How can I reach you?

Phone us 24 hours a day, seven days a week, at the regional office most convenient to you:

Allegany

115 E. Main St.
Allegany, NY 14706
(716) 372-5735 or (800) 719-7129

Batavia

29 Liberty St., Suite 6
Batavia, NY 14020
(585) 343-7596 or (877) 277-2615

Wellsville

194 N. Main St.
Wellsville, NY 14895
(585) 593-7600 or (800) 464-7015

Arcade

563 West Main St.
Arcade, NY 14009
(585) 653-5290 or (877) 628-8047

TTY-TD

1-800-662-1220
www.HomeCare-Hospice.org



Medical Guidelines for Admission to Hospice

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Admission Guidelines

Admission to Hospice requires a physician's certification indicating that this patient is terminally ill with a life expectancy of six months or less if the terminal illness runs its normal course. Non-malignant disease processes tend to be less predictable and often are characterized by fluctuations in severity and symptoms. The following "guidelines" seek to assist clinicians to determine the reasonableness of acquiring the assistance of Hospice for families that may have sustained a lengthy chronic course with a protracted disease process. Patients do not need to meet all listed criteria if the physician feels their prognosis is less than six months considering secondary co-morbidity conditions. Referrals may be made directly to the nearest HomeCare & Hospice office to the family. Call may be initially directed to the main office number for assistance in determining the closest branch to their home.

Cancer

- Disease with metastases at presentation or progression from an earlier stage of disease to metastatic disease with either:
 1. A decline in spite of therapy
 2. Patient declines further disease directed therapy
- Cancers with poor prognosis-such as small cell lung cancer, brain cancer, and pancreatic cancer-may be Hospice eligible without fulfilling other criteria

End Stage Alzheimer's Disease

- FAST Scale indicates Stage 7 or beyond
- Unable to ambulate without assistance
- Unable to dress without assistance
- Urinary or fecal incontinence
- Unable to speak/communicate consistently
- Medical complications within last year may include: aspiration pneumonia, upper UTI, decubitus ulcers, fevers of unknown etiology, recurrent fever, sepsis
- Inability to maintain sufficient fluid and caloric intake with a 10% weight loss during the previous six months OR a serum albumin < 2.5 gm/dl

End Stage Pulmonary Disease

- Disabling dyspnea, poor response to bronchodilators with decreased functional activity
- FEV1 less than 30% (not required)
- Presence of cor pulmonale as documented by ECHO, EKG, CXR or exam (Supporting but not required)
- Hypoxemia at rest on room air $PO_2 \leq 55$ mm
- Hypercapnia. $PCO_2 =$ or ≥ 50 mm
- Oxygen saturation is $\leq 88\%$

Renal Disease

- Patient not seeking/discontinuing dialysis or renal transplant
- Serum creatinine > 6 mg/dl - diabetes
- Serum creatinine > 8 mg/dl - non diabetes
- Signs and symptoms of renal failure:
 1. Uremia
 2. Oliguria
 3. Serum potassium > 7.0 (not responsive to treatment)
 4. Uremic pericarditis
 5. Systemic fluid overload
 6. Hepatorenal syndrome

**Please contact us at 1-800-719-7129 or at
contact@homecare-hospice.org
with any questions.**

End Stage Heart Disease

- New York Heart Association Class IV
- Ejection Fraction $\leq 20\%$ (not required)
- Optimally treated for heart disease
- History of supra-ventricular or ventricular arrhythmias that are resistant to therapy
- History of cardiac arrest and resuscitation in any setting

Liver Disease

- Labs indicate severely impaired liver function:
 1. PT time prolonged > 5 seconds
 2. Serum albumin < 2.5 gm/dl
- Presence of one or more clinical indicators associated with end-stage liver disease in patient history:
 1. Ascites refractory to treatment or patient is non-compliant
 2. Spontaneous bacterial peritonitis
 3. Hepatorenal syndrome
 4. Hepatic encephalopathy
 5. Recurrent variceal bleeding despite intensive therapy
- Not a transplant candidate

Amyotrophic Lateral Sclerosis (ALS)

- Patient demonstrates critically impaired breathing capacity demonstrated by vital capacity < 40% of normal and two or more of the following symptoms:
 1. Use of accessory respiratory musculature
 2. Respiratory rate > 20
- Patient declines artificial ventilation; external ventilation used for comfort measures only
- Patient shows severe nutritional insufficiency as defined by dysphagia with progressive weight loss of at least 5% of body weight with or without lection of gastrostomy tube insertion