

Time For Hospice (For Staff Use Only)



This information will guide you in determining if a patient is ready for Hospice care. Call 845-240-7555 or fax 845-485-1553 with any questions or referrals.

Basic Questions

- Does the patient have a life-limiting illness?
- *Would you be surprised if the patient died within 6 months?*

Clues to a six month or less life expectancy:

- Medically frail because of multiple chronic illnesses, such as CHF, COPD, renal insufficiency
- Multiple hospitalizations or ER visits in the past 6 - 12 months
- Multiple falls
- One or more life-threatening infections in the past 6 months
- Decreased food intake or unintentional weight loss
- Two or more deep pressure ulcers that have not healed
- Malnutrition or recurrent dehydration
- Wounds
- Decline in ability to perform activities of daily living (ADLS)
- Aspiration with swallowing
- Unacceptable quality of life as assessed by the patient or family
- Desire to stop life-prolonging treatments
- Decline associated with several significant co-morbid conditions
- Decline in cognitive status
- Karnofsky Performance Status (KPS) or Palliative Performance Score (PPS) <70%

Disease-Specific Criteria:

Cancer

- Known metastases, weight loss, systemic symptoms or declining functional status
- Interventions focused on symptom relief rather than prolonging life
- Patient may decline further curative directed therapy
- A continued decline in spite of therapy

Heart Disease

- Dyspnea or angina at rest or with minimal activity
- Increased respiratory rate
- Patient should meet NYHA Class IV criteria - serious cardiac symptoms despite optimal treatment. May have ejection fraction of 20% or less
- Critical valvular disease or advanced inoperable coronary artery disease
- Serious arrhythmias, syncope and/or previous arrests
- Oxygen use
- Refractory peripheral or pulmonary edema
- Comorbidities (like COPD or renal insufficiency) or complications (such as stroke from cardiac emboli) or any of the non-specific conditions
- Optimally treated for heart disease or not a candidate for surgical procedure or patient declines surgical procedure

Pulmonary Disease

- Fatigue
- Shortness of breath/hypoxia (O2 sat <88%)
- Activity severely limited by dyspnea or cough poorly responsive to bronchodilators
- Unacceptable quality of life for the patient or no desire for life prolonging treatment, such as artificial ventilation
- Weight loss
- Worsening right heart failure or symptomatic pulmonary hypertension
- Increasing oxygen needs
- Resting tachycardia

Dementia

- Unable to ambulate without assistance and dependent for most ADLS
- Unable to speak more than six intelligible words at a time
- Evidence of severely impaired nutrition, recent serious infection or aspiration
- FAST score beyond 7: incontinence, dysphagia, weight loss, decrease in ambulation and falls



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Renal Disease

- Serum creatinine >8mg/dl (>6mg/dl if diabetic) or increasing rapidly
- No plans for transplant or dialysis or stopping dialysis
- Uremia/oliguria
- Intractable fluid overload
- Estimated glomerular filtration rate (GFR) <10ml/min
- Creatinine clearance <10cc/min (<15 cc/min for diabetics)

Liver Disease

- Serum albumin <2.5gm/dl
- INR > 1.5 or prothrombin time > 5 seconds over control
- Ascites, jaundice, encephalopathy or hepatorenal syndrome
- Impaired nutrition
- Declining treatment
- Hep B positive, Hep C refractory to interferon treatment
- Recurrent variceal bleeding

HIV/AIDS - One or more of the following:

- CD4 count < 25 cells/ml and/or viral load > 100,000 copies/ml
- Significant weight loss, PML, visceral Kaposi's sarcoma, renal failure, CNS or systemic lymphoma and/or infection not responding to treatment
- Decline in function in spite of treatment or not on treatment
- Cryptosporidium infection/toxoplasmosis MAC bacteremia
- Decreased performance status
- Renal failure in absence of dialysis
- Muscle wasting
- Absence or resistance to effective antiretroviral chemotherapeutic and prophylactic drug therapy
- Progressive neuro encephalopathy

Parkinson's Disease

- Evidence of severely impaired nutrition
- Dysphagia, aspiration, weight loss, recent serious infection, skin break down > stage II
- Significant co-morbid conditions
- Inability to perform ADLS
- Decline in cognition
- Incontinence
- Decreased intelligible speech

ALS - One or more of the following:

- Impaired respiration (dyspnea at rest)
- Impaired nutrition, dysphagia, aspiration or weight loss. No tube feeding unless meets other criteria
- Rapid decline in function in the past 6 months
- Life threatening infections
- Widespread muscle deterioration, affecting all areas of body
- Reduced speech or vocal volume
- Weakened cough
- Frequent somnolence
- Unexplained headaches, confusion, anxiety, nausea
- Critically impaired respiratory status without election of tracheostomy and invasive ventilation

Stroke/Coma

- Unable to take adequate food orally and no artificial nutrition planned
- No expectation for meaningful recovery
- Aspiration pneumonia or other serious infection
- Dysphasia
- Weight loss >10% in 6 months with serum albumin <2.5gm/dl
- Coma with abnormal brain stem response, absent verbal response or absent withdrawal to pain
- Pyelonephritis
- Imaging which supports poor prognosis