Transitioning from Rehab to Home with Hospice

By Theresa Jennings PT, Director of Therapeutic Services

The transition from "short-term rehab" to home with hospice is the right decision for some patients. A family member may go to subacute rehabilitation after a hospitalization expecting to return home to function as they did previously. Doctors cannot always tell if a patient's health is going to improve until rehabilitation is tried. Unfortunately, your family member may not be strong enough to fully benefit from rehabilitation, or their illness may have progressed. When there are no more treatment options or when the decision is made that the treatment meant to cure is not worth its side effects, pain, or suffering, a hospice referral should be offered.

Once the decision to pursue hospice care has been made, a hospice nurse will set up a meeting to ask questions to confirm if hospice is the right choice. If so, the hospice team will begin to work with the patient and family. Services that are available include:

- Care from an interdisciplinary team of doctors, nurses, social workers, chaplains, home health aides, physical therapists, occupational therapists, speech therapists, respiratory therapists, dieticians, music therapists, pet therapy coordinators and volunteers.
- Access to the hospice team 24-hours a day, 7-days per week.
- Medication to relieve pain, shortness of breath, nausea, agitation, and other symptoms.
- Medical supplies and equipment, such as a hospital beds, appropriate mattresses, wheelchairs, wheelchair cushions, bedside commodes, mechanical lifts.
- Caregiver/family support - emotional support as well as education on how to perform certain health care tasks: pressure management, wound management, O2 management, giving injections.
- A short stay in the hospital if the patient’s symptoms are too difficult to manage at home.
- Short-term respite care – time off for family caregivers.
- Volunteers to provide companionship for the patient.
- Bereavement counseling to family caregivers for a year after the patient’s death.

The hospice team works with the patient to develop the plan of care. The patient will be asked questions about what matters to them; their goals, what a good day looks like, how they want to spend their energy. The hospice rehab team members will guide the rest of the team to work to maximize functional ability and comfort and assure patient and caregiver safety. They will encourage continued participation in daily activities as a means of self-expression and engagement. Hospice is about living and making the best of all the days that are left.

Have a Question? Call Us!

Referral Center
7 Days a Week
845-240-7555

Hospice Care
Call Us 24/7
845-240-7510

Palliative Care
845-240-7557

General Inquiries
845-485-2273

Bereavement Center
845-240-7579
About one in ten Americans is diagnosed with liver disease. The most common symptoms of liver disease can be vague.

**Symptoms of liver disease include:**
- fatigue/excessive fatigue
- itching (pruritus)
- abdominal pain/swelling (ascites)
- yellowing of the skin/eyes (jaundice)

Up to half of those living with liver disease will not experience any symptoms.

**Conditions that effect the liver include:**
- include cancer

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**Hospice Eligibility Criteria:**

**Liver Disease**

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

**Breaking Down the Myths**

**MYTH:** Only my doctor can refer me to hospice.

**FACT:** Anyone, including yourself, can refer a person to hospice.

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**Quote of the Month**

Your present circumstances don’t determine where you go, they merely determine where you start

-Nido Qubein