

A Guide to Determining Hospice Appropriate Diagnoses

Requirements for admission to Hospice services:

- Terminal diagnosis/disease process
- Physician's prognosis of 6 months or less as the disease runs its normal course
- Patient and/or family decline aggressive treatment and wish palliative/comfort measures only

Cancer:

Physician deems patient terminal despite treatment with chemo or radiation therapy. The patient's condition is life limiting and treatment goals are directed toward relief of symptoms rather than cure.

Cardiac Disease: Includes, but are not limited to, CHF, Cardiomyopathy, Ischemic Heart Disease.

- Patient has been optimally treated with diuretics and vasodilators (patients not on vasodilators have a medical contraindication or choose not to take them).
- Patient has significant symptoms of recurrent congestive heart failure affecting their ability to perform physical activity without discomfort or causes increased discomfort.
- Ejection fraction of $\leq 20\%$, if already available; abnormal EKG

Supporting documentation includes:

- History of unexplained syncope, cardiac or otherwise
- Angina pectoris-at rest
- Elevated cardiac enzymes
- History of previous myocardial infarction
- Treatment resistant ventricular arrhythmias or symptomatic supraventricular
- History of cardiac arrest or resuscitation

Signs/Symptoms:

- Dyspnea (shortness of breath) at rest or with minimal exertion
- Orthopnea -requires head of bed elevated when lying down
- Recurrent hospitalizations for exacerbated conditions
- Evidence of fluid overload-edema, ascites and/or rales
- Chest pain
- JVD (jugulovenous distension)
- Weakness

Cerebrovascular Disease: Stroke, Coma

In the Acute phase of hemorrhagic or ischemic stroke, 1 of the following must be present:

- Dysphagia, which prevents sufficient intake of foods and fluids, in a patient who does not receive artificial nutrition. Nutritional decline despite artificial nutrition and adjustments in formula.
- Post anoxic stroke- coma or severe obtundation with severe myoclonus
- Coma or persistent vegetative state

In the Chronic phase of hemorrhagic or ischemic stroke, 1 of the following must be present:

- Post stroke dementia:
 - Unable to ambulate without assistance;
 - Unable to dress or bathe without assistance;
 - Urinary and fecal incontinence, constant or intermittent;
 - Ability to speak is limited to ≤ 6 words or speech is meaningless and inappropriate
- Poor functional status with Karnofsky score of 40% or less
- Poor nutritional status, artificial or not, with progressive weight loss over the past 6 months or serum albumin $< 2.5\text{gm/dl}$.

Coma (any etiology) - Comatose patients with any 3 of the following on day three of the coma:

- Abnormal brain stem response;
- Absent verbal response;
- Absent withdrawal response to pain;
- Serum creatinine $> 1.5\text{mg/dl}$

Supporting documentation includes:

- Aspiration pneumonia
- UTI or Sepsis
- Stage 3 or 4 decubitus ulcers
- Fever recurrent despite treatment with antibiotics
- Abnormal findings from CT or MRI scans, if available

Dementia/Alzheimer's Disease:

Patient should have all of the following signs and symptoms to be deemed terminal:

- Assistance with eating, bathing and ambulation
- Urinary and fecal incontinence
- Speech is limited to 6 words or less or speech is meaningless and inappropriate
- Impaired nutritional status (with or without peg tube feedings)- progressive weight loss over the prior 6 months.
- Karnofsky score of 50% or less

Supporting documentation includes:

- Dysphagia
- Urinary Tract Infection
- Aspiration pneumonia
- Decubitus ulcers, stage 3-4
- Sepsis or fever recurrent after antibiotic treatment

Liver Disease:

Patient should exhibit all of the following:

- Serum albumin $< 2.5\text{gm/dl}$
- PTT of 5 seconds over control
- Abnormal liver enzymes; alkaline phosphatase, SGOT, bilirubin
- Impaired nutritional status
- Karnofsky score of 5 or less

Should exhibit one or more of the following:

- Ascites
- Spontaneous bacterial peritonitis
- Hepatorenal syndrome, increased BUN and creatinine
- Oliguria
- Hepatic encephalopathy

Pulmonary Disease: Include, but are not limited to COPD, Cor Pulmonale, Pulmonary Fibrosis

Patient must exhibit the following:

- Severe chronic lung disease:
 - Dyspnea at rest, poor responsive to bronchodilators resulting in decreased functional capacity
 - Progression of end stage pulmonary disease- pulmonary infections and/or respiratory failure
- Hypoxemia at rest on room air OR hypercapnia
- Cor pulmonale; right-sided heart failure secondary to pulmonary disease

Supporting documentation includes:

- Progressive weight loss of $\geq 10\%$ over the prior 6 months
- Resting tachycardia- Heart Rate >100 bpm

Signs/Symptoms:

- Dyspnea at rest or with exertion
 - Oxygen-dependent
 - Wheezing, diminished breath sounds
 - Increased expiratory phase: slowed forced expiration; use of accessory muscles for breathing
 - Cyanosis; pallor
 - Severe cough
- Limited physical ability due to shortness of breath, fatigue, weakness

Renal Disease:

Patient can no longer be on dialysis

Should exhibit one or more of the following:

- Uremia
- Oliguria
- Uremic pericarditis
- Intractable fluid overload
- Hepatorenal syndrome

Adult Failure to Thrive/Debility, unspecified:

- Characterized by unexplained weight loss, malnutrition and disability.
- Associated with multiple primary conditions (i.e. infections and malignancies), but always nutritional impairment and disability

General Debility:

Patient may have multiple co-morbid conditions, but not one alone is enough to deem the patient terminal. However, each will contribute to the terminal status of the patient.

Neuromuscular Disease: Parkinson's, ALS, MS

Patient must exhibit the following:

- W/C or bed bound
- Dyspnea @ rest; uses supplemental O₂
- Speech is barely intelligible or unintelligible
- Karnofsky score of 5 or less
- Dysphagia; with or without peg tube

Supporting Signs/Symptoms include:

- Recurrent aspiration pneumonia
- Nutritional decline/deficit
- Urinary tract infection
- Decubitus ulcers, stage 3-4
- Fever recurrent after antibiotic treatment

Additional information:

- Each diagnosis must be supported with serial documentation and any pertinent information such as diagnostic studies, history & physical, lab work, etc.
- Patient is re-evaluated periodically for recertification
- Funding through Medicare, Medicaid, and Private Insurance

Hospice care involves a holistic team approach which includes:

Patient/caregiver, family
Skilled nurse: RN, LPN
Home Health Aide
Social Worker
Volunteer

Attending physician
Hospice physician
Homemaker
Chaplain
Dietician

Ancillary Services: PT, OT, ST as appropriate and Music Therapy



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