VNA Hospice Care

Hospice General Guidelines

AIDS / HIV

Cancer

Amyotrophic Lateral Sclerosis (ALS)

Acute Phase

In at least one of the following:
1. Myeloma and/or persistent

Liver function test persists 3 days

Acute event

1. Decreased level of consciousness or
2. Abnormal brain stem response

2. Malignant ascites or pleural effusion,

Increased medical complications

Diagnostic imaging suggests poor prognosis
Critical factors

Supporting factors

End-Stage Alzheimer’s

NYHA Class IV:

1. Symptomatic at rest despite maximum therapy and not pursuing therapy
2. Angina at rest
3. Ejection fraction < 20%
4. Recurrent CHF and/or anemia
5. Increased discomfort with minimal activity
6. History of cardiac arrest
7. Cardiogenic embolic CVA
8. Concomitant HIV disease
9. No unexplained syncope
10. Oxygen dependent

End-Stage Liver Disease

PTT > 5 sec above control or PT/INR > 1.5 sec

Serum albumin < 2.5 g/dl

One or more of the following:

1. Ascites despite optimal diuretics
2. Portal hypertension
3. Hepatic encephalopathy with asterixis, somnolence, coma
4. Liver transplant either not anticipated or would discharge from hospice if it is scheduled

Progressive malnutrition, muscle wasting, reduced strength and endurance

Active ETOH abuse

Hepatocellular carcinoma

+ for Hepatitis B

Hepatitis C refractory to treatment

End-Stage Lung Disease

Disabling dyspnea at rest, unresponsive to bronchodilators

Recurrent pulmonary infections and/or respiratory failure

Frequent ER visits, hospitalizations

PO2 < 55 mg Hg or O 2 sat < 88% on O2 or pCO2 > 50 mm Hg

FEV1 < 30% after bronchodilators

Cor Pulmonale/right heart failure not secondary to left heart failure

Weight loss > 10% in 6 months

Age > 70

Resting tachycardia > 100/min

End-Stage Parkinson’s Disease

Progression differs markedly from patient to patient

Severely impaired breathing capacity such as:

1. Dyspnea at rest
2. Requires supplemental oxygen at rest
3. The patient declines artificial ventilation

Rapid disease progression and (one of the below):

1. Progression from independent ambulation to w/ chair or bed-bound
2. Severe muscle weakness affecting speech, chewing or swallowing
3. Progressive decline in front or all ADLs to needing major assistance

Severely nutritional impairment evidenced by:

1. Weight loss > 10%
2. Dehydration or hypovolemia
3. No desire to implement artificial feedings
4. Poor nutritional status (despite tube feedings, if present)

Life-threatening complications demonstrated by one or more of the following:

1. Recurrent aspiration pneumonia
2. Upper UTI
3. Sepsis
4. Recurrent fever after antibiotic therapy

Exam by neurologist within 3-6 months of hospice evaluation

In the absence of one or more of the above findings, rapid decline or comorbidities may also support eligibility for hospice care.

End-Stage Renal Disease

Creatinine clearance < 10 cc/min (<15 cc/min if diabetic)

Creatinine > 8 mg/dl (> 6 mg/dl if diabetic)

Not seeking dialysis or renal transplant

Signs of uremia (confusion, nausea, pruritus, restlessness, pericarditis)

Oliguria < 400 cc / 24 hrs

Uremic pancreatitis

Hepatorenal syndrome

Hyperkalemia > 7 mEq/L

Intractable fluid overload, not responsive to treatment

Weight loss

Decline in ADLs

Medical Guidelines for Hospice Appropriateness

To make a referral:

Phone (214) 689-2355
Fax (877) 992-4062

Visit our website for medical guidelines and protocols.

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