

Is it time to consider a hospice referral?

DIAGNOSED WITH ONE OF THE FOLLOWING?

- Cancer(s)
- HIV/AIDS
- Heart Disease (CHF, Atherosclerosis)
- COPD
- Alzheimer's/Dementia
- Renal Disease (CKD)
- Liver Disease (Cirrhosis)
- Neurological disorder (ALS, MS, Parkinsons, Stroke)

DOES THE INDIVIDUAL EXPERIENCE 2 OR MORE OF THE FOLLOWING?

- Increasing or unmanageable pain
- Progressive weakness over several months
- Progressive decline in functioning
- Repeated hospitalizations
- Repeated calls/visits to providers office
- Shortness of breath
- Persistent skin breakdown
- Progressive edema despite best therapies
- Altered speech
- Bowel and/or bladder incontinence
- Multiple or recurrent infections (URI, UTI, etc.)
- Unintentional weight loss
- Difficulty swallowing
- Decreasing appetite or fading interest in meals
- Increased dependency on caregiver/family
- Changes in memory or mental cognitive functioning
- Isolation or disinterest in chronic disease management or curative therapies.



Community First
HOSPICE CARE

Care Continues

As clinicians, we are trained to pursue intervention, escalation, and cure. That instinct serves patients well, until the burden of treatment begins to outweigh its benefit. When disease progression continues despite best efforts, the goal of care may need to shift from prolonging life at all costs to preserving comfort, dignity, and meaning.

You are often the first to recognize when the trajectory has changed. Your insight and relationship with the patient place you in a pivotal role, not only in initiating the hospice discussion, but in guiding their care.

Together, we can ensure that patients and families receive compassionate, goal-concordant care focused on comfort, support, and respect for individual values.

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