

HEART DISEASE

The patient has 1 and either 2 or 3.

1. CHF with NYHA Class IV* sx and both :
Significant sx at rest
Inability to carry out even minimal physical activity without dyspnea or angina

2. Patient is optimally treated
(ie diuretics, vasodilators, ACEI, or hydralazine and nitrates)

3. The patient has angina pectoris at rest, resistant to standard nitrate therapy, and is either not a candidate for/or has declined invasive procedures.

Supporting documentation includes:

EF $\leq$ 20%, Treatment resistant symptomatic dysrhythmias
h/o cardiac related syncope, CVA 2/2 cardiac embolism
H/o cardiac resuscitation, concomitant HIV disease



HIV/AIDS

The patient has either 1A or 1B and 2 and 3.

1A. CD4+ < 25 cells/mcL **OR** 1B. Viral load > 100,000

AND

2. At least one (1) : CNS lymphoma, untreated or refractory wasting (loss of > 33% lean body mass), (MAC) bacteremia,

Progressive multifocal leukoencephalopathy

Systemic lymphoma, visceral KS, Renal failure no HD, Cryptosporidium infection, Refractory toxoplasmosis

AND

3. PPS* of < 50%

LIVER DISEASE

The patient has both 1 and 2.

1. End stage liver disease as demonstrated by A or B, & C:

A. PT > 5 sec **OR** B. INR > 1.5

AND

C. Serum albumin < 2.5 gm / dl

AND

2. One or more of the following conditions:

Refractory Ascites, h/o spontaneous bacterial peritonitis, Hepatorenal syndrome, refractory hepatic encephalopathy, h/o recurrent variceal bleeding

Supporting Documents includes:

Progressive malnutrition, Muscle wasting with dec. strength. Ongoing alcoholism (> 80 gm ethanol/day), Hepatocellular CA HBsAg positive, Hep. C refractory to treatment



PULMONARY DISEASE

Severe chronic lung disease as documented by 1, 2, and 3.

1. The patient has all of the following:

Disabling dyspnea at rest

Little of no response to bronchodilators

Decreased functional capacity (e.g. bed to chair existence, fatigue and cough)

AND

2. Progression of disease as evidenced by a recent h/o increasing office, home, or ED visits and/or hospitalizations for pulmonary infection and/or respiratory failure.

AND

3. Documentation within the past 3 months $\geq$ 1:

Hypoxemia at rest on room air (pO₂ < 55 mmHg by ABG) or oxygen saturation < 88%

Hypercapnia evidenced by pCO₂ > 50 mmHg

Supporting documentation includes: Cor pulmonal and right heart failure Unintentional progressive weight loss



NEUROLOGIC DISEASE (chronic degenerative conditions such as ALS, Parkinson's, Muscular Dystrophy, Myasthenia Gravis or Multiple Sclerosis)

The patient must meet at least one of the following criteria (1 or 2A or 2B):

1. Critically impaired breathing capacity, with all:

Dyspnea at rest, Vital capacity < 30%, Need O₂ at rest, patient refuses artificial ventilation

OR

2. Rapid disease progression with either A or B below:

Progression from :

independent ambulation to wheelchair or bed-bound status

normal to barely intelligible or unintelligible speech

normal to pureed diet

independence in most ADLs to needing major assistance in all ADLs

AND

A. Critical nutritional impairment demonstrated by all of the following in the preceding 12 months:

Oral intake of nutrients and fluids insufficient to sustain life

Continuing weight loss

Dehydration or hypovolemia

Absence of artificial feeding methods

OR

B. Life-threatening complications in the past 12 months as demonstrated by $\geq$ 1:

Recurrent aspiration pneumonia, Pyelonephritis, Sepsis,

Recurrent fever, Stage 3 or 4 pressure ulcer(s)

RENAL FAILURE

The patient has 1, 2, and 3.

1. The pat is not seeking dialysis or renal transplant

AND

2. Creatinine clearance* is < 10 cc/min (< 15 for diabetics)

AND

3. Serum creatinine > 8.0 mg/dl (> 6.0 mg/dl for diabetics)

Supporting documentation for chronic renal failure includes:

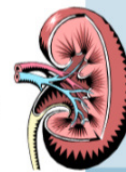
Uremia, Oliguria (urine output < 400 cc in 24 hours), Intractable hyperkalemia (> 7.0), Uremic pericarditis, Hepatorenal syndrome, Intractable fluid overload.

Supporting documentation for acute renal failure includes:

Mechanical ventilation, Malignancy (other organ system)

Chronic lung disease, Advanced cardiac disease,

Advanced liver disease



STROKE OR COMA

The patient has both 1 and 2.

1. Poor functional status PPS* $\leq$ 40% **AND**

2. Poor nutritional status with inability to maintain sufficient fluid and calorie intake with $\geq$ 1 of the following:

$\geq$ 10% weight loss in past 6 months

$\geq$ 7.5% weight loss in past 3 months

Serum albumin < 2.5 gm/dl

Current history of pulmonary aspiration without effective response to speech therapy interventions to improve dysphagia and decrease aspiration events

Supporting documentation includes:

Coma (any etiology) with 3 of the following on the third (3rd) day of coma:

Abnormal brain stem response

Absent verbal responses

Absent withdrawal response to pain

Serum creatinine > 1.5 gm/dl



Functional Assessment Scale (FAST)

1	No difficulty either subjectively or objectively.
2	Complains of forgetting location of objects. Subjective work difficulties.
3	Decreased job functioning evident to co-workers. Difficulty in traveling to new locations. Decreased organizational capacity. *
4	Decreased ability to perform complex task, (e.g., planning dinner for guests, handling personal finances, such as forgetting to pay bills, etc.)
5	Requires assistance in choosing proper clothing to wear for the day, season or occasion, (e.g. pt may wear the same clothing repeatedly, unless supervised.*
6	Occasionally or more frequently over the past weeks. * for the following A) Improperly putting on clothes without assistance or cueing . B) Unable to bathe properly (not able to choose proper water temp) C) Inability to handle mechanics of toileting (e.g., forget to flush the toilet, does not wipe properly or properly dispose of toilet tissue) D) Urinary incontinence E) Fecal incontinence
7	A) Ability to speak limited to approximately ≤ 6 intelligible different words in the course of an average day or in the course of an intensive interview. B) Speech ability is limited to the use of a single intelligible word in an average day or in the course of an intensive interview C) Ambulatory ability is lost (cannot walk without personal assistance.) D) Cannot sit up without assistance (e.g., the individual will fall over if there are not lateral rests [arms] on the chair.) E) Loss of ability to smile. F) Loss of ability to hold up head independently.
*Scored primarily on information obtained from a knowledgeable informant. Psychopharmacology Bulletin, 1988 24:653-659.	

Palliative Performance Scale (PPS)

%	Ambulation	Activity and Evidence of Disease	Self-Care	Intake	Level of Consciousness
100	Full	Normal activity, no evidence of disease	Full	Normal	Full
90	Full	Normal activity, some evidence of disease	Full	Normal	Full
80	Full	Normal activity with effort, some evidence of disease	Full	Normal or reduced	Full
70	Reduced	Unable to do normal work, some evidence of disease	Full	Normal or reduced	Full
60	Reduced	Unable to do hobby or some housework, significant disease	Occasional assist necessary	Normal or reduced	Full or confusion
50	Mainly sit/lie	Unable to do any work, extensive disease	Considerable assistance required	Normal or reduced	Full or confusion
40	Mainly in bed	Unable to do any work, extensive disease	Mainly assistance	Normal or reduced	Full, drowsy, or confusion
30	Totally bed bound	Unable to do any work, extensive disease	Total care	Reduced	Full, drowsy, or confusion
20	Totally bed bound	Unable to do any work, extensive disease	Total care	Minimal sips	Full, drowsy, or confusion
10	Totally bed bound	Unable to do any work, extensive disease	Total care	Mouth care only	Drowsy or coma
0	Death				

Hospice Card

A hospice is a program designed to care for the dying and their special needs. Among these services all hospice programs should include:

- Control of pain and other symptoms** through medication, environmental adjustment and education.
- Psychosocial support** for both the patient and family, including all phases from diagnosis through bereavement.
- Medical services** commensurate with the needs of the patient.
- Interdisciplinary "team"** approach to patient care, patient/ and family support, and education.
- Integration into existing facilities where possible.
- Specially trained personnel with expertise in care of the dying and their families.

Hospice Eligibility Criteria

GENERAL (NON-SPECIFIC) TERMINAL ILLNESS

- Terminal condition cannot be attributed to a single specific illness. And
- Rapid decline over past 3-6months Evidenced by:
 Progression of disease evidenced by sx, signs & test results
 Decline in PPS to $\leq 50\%$
 Involuntary weight loss $>10\%$ and/or Albumin <2.5 (helpful)

ADULT FAILURE TO THRIVE

Patient meets **ALL** of the following:

- Palliative performance Scale $\leq 40\%$
- BMI <22
- Pt refusing enteral or parenteral nutrition support or has not responded to such nutritional support, despite adequate caloric intake

CANCER

Patient meets **ALL** of the following:

- Clinical findings of malignancy with widespread, aggressive or progressive disease as evidenced by increasing sx, worsening lab values and/or evidence of metastatic disease
- Palliative performance Scale (PPS) $\leq 70\%$
- Refuses further life-prolonging therapy OR continues to decline in spite of definitive therapy

Supporting documentation includes:

Hypercalcemia > 12
 Cachexia or weight loss of 5% in past 3 months
 Recurrent disease after surgery/radiation/chemotherapy
 Signs and sx of advanced disease (e.g. nausea, requirement for transfusions, malignant ascites or pleural effusion, etc.)

DEMENTIA

The patient has **both 1 and 2:**

- Stage 7C or beyond according to the FAST Scale
- One or more of the following conditions in the 12 months:
 Aspiration pneumonia
 Pyelonephritis
 Septicemia
 Multiple pressure ulcers (stage 3-4)
 Recurrent Fever
 Other significant condition that suggests a limited prognosis
 Inability to maintain sufficient fluid and calorie intake in the past 6months (10% weight loss or albumin < 2.5 gm/dl)