PROVIDENCE
Home Services

When to refer to hospice

Hospice is a proven intervention for enhancing the physical and spiritual quality of life for terminal patients and their families. Patients with a prognosis of six months or less and comfort-care goals are eligible for hospice services.

Use these Medicare guidelines to help determine appropriateness for hospice. We can help you through the referral process.

General guidelines that apply to all patients

Prognosis: Patient must have a prognosis of less than 6 months at the time of certification and at each recertification (90 days, 180 days, then every 60 days).

Initial certification: Patient may meet criteria for one diagnosis or have several conditions that together result in a prognosis of 6 months or less.

Recertification: Patients must show decline/instability during each certification period or a status such that any further decline would result in death.

Dementia

The following should be present:

- ❑ Inability to walk, dress, bathe without assistance
- ❑ Urinary and fecal incontinence
- ❑ In Alzheimer's disease: no consistently meaningful speech or < 6 intelligible words per day

Plus one of the following in the past 12 months:

- ❑ Aspiration pneumonia, pyelonephritis, septicemia
- ❑ Unintentional weight loss: 10% in last 6 months, 7.5% in 3 months
- ❑ Serum albumin <2.5 gm/dl
- ❑ Multiple stage III or IV pressure sores
- ❑ Recurrent or persistent fever after antibiotics
- ❑ Rapid decline (e.g., hospitalizations, ED visits, TIAs, marked reduction in oral intake to insufficient to sustain life)

Stroke (new or prior)

- ❑ Assistance needed for most ADLs
- ❑ Majority of day in bed or recliner

Plus one of the following:

- ❑ Coma
- ❑ Weight loss (see Dementia)
- ❑ Fluid intake insufficient to sustain life (sips)
- ❑ Dysphagia with pulmonary aspiration
- ❑ No intent to start tube feedings or IV/subcu fluids

Pulmonary disease

- ❑ Disabling dyspnea at rest or with minimal exertion
- ❑ Bed to chair existence/fatigue due to dyspnea
- ❑ Hypoxia at rest on RA (02 sat <88% or pO2 <55mg HG or hypercapnea at rest [pCO2 >50%] in past 3 months)
- ❑ Disease progression (e.g., ED visits, hospitalizations, increased office visits for pulmonary disease exacerbations)

Supporting information:

- ❑ Unintentional weight loss (see Dementia)
- ❑ Cor pulmonale
- ❑ Resting HR >100/min

HIV/AIDS

- ❑ CD4 <25 cells/ul or persistent viral load >100,000 copies/ml
- ❑ Karnofsky scale <50%
- ❑ Ineffective therapy or refusal of further therapy

Plus one of the following :

- ❑ CNS lymphoma, wasting syndrome or multifocal leukoencephalopathy
- ❑ Refractory cryptosporidiosis, MAC, visceral Kaposi' sarcoma, or toxoplasmosis

Heart disease

- ❑ Optimally treated; not a candidate for surgical procedure
- ❑ NYHA Class IV symptoms (angina or dyspnea at rest)
- ❑ Increased symptoms with minimal exertion

Supporting information:

- ❑ Patient history of cardiac or unexplained syncope
- ❑ Embolic stroke
- ❑ Patient history of cardiac arrest

Cancer

- ❑ Advanced disease (typically stage IV)
- ❑ Evidence of functional decline despite therapy or patient refusing therapy

Cancers with extremely poor prognosis

- ❑ Patients with small cell lung cancer, brain or pancreatic cancer may be eligible without meeting other criteria.

Presumptive cancer without a tissue diagnosis

- ❑ Functional decline must be present to support diagnostic imaging findings or other test results.

Liver disease

- ❑ INR >1.5
- ❑ Albumin <2.5 gm/dl

Plus any one of the following:

- ❑ Ascites refractory to treatment or with noncompliance to treatment regimen
- ❑ Spontaneous bacterial peritonitis
- ❑ Hepatorenal syndrome
- ❑ Hepatic encephalopathy
- ❑ Recurrent variceal bleeding

Kidney disease

- ❑ Creatinine clearance <10 ml/min; or
  - ❑ <15 ml/dl with diabetes or heart failure; or
  - ❑ <20 ml/dl with diabetes and heart failure; or
  - ❑ Serum creatinine >8 mg/dl (>6 with diabetes)
- ❑ Not receiving dialysis; no plan for dialysis

Supporting information:

- ❑ Uremia, intractable hyperkalemia
- ❑ Uremic pericarditis, hepatorenal syndrome
- ❑ Intractable fluid overload
- ❑ GI bleeding

ALS, MS, Parkinson's and other neurological diseases

Progression over past 12 months to all of these:

- ❑ Wheelchair/ bedbound
- ❑ Barely intelligible speech
- ❑ Pureed diet
- ❑ Dependent for most ADLs

Plus any one of the following:

- ❑ Critically impaired breathing – dyspnea at rest, orthopnea, use of accessory muscles, weak cough
- ❑ CPAP, BiPAP not an exclusion if other nutritional impairment criteria are met
- ❑ Critical nutritional impairment – continued weight loss (5%), dehydration and/or intake of food and fluids insufficient to maintain life
- ❑ NG feeding not an exclusion if other nutritional impairment criteria are met

Supporting information:

- ❑ Other evidence of decline over the past year (see dementia criteria)

Referrals/Information

To make a referral or talk with a consultant, please call:

Providence Hospice

Portland/Yamhill 503-215-CARE (2273)
Hood River/White Salmon 541-387-6449
The Dalles 541-296-3228

Respect. Comfort. Peace of mind.

Providence Hospice offers personalized quality-of-life options and support, giving patients and their families a greater comfort level and ability to make informed decisions.

www.providence.org/hospice

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