



# Glossary of Hospice Terms

**Aggressive treatment:** When a patient chooses to continue with lab work, diagnostic tests and curative treatment, and is not looking at comfort measures.

**Apnea:** A condition that causes a person to stop breathing for a period of time. It may be 15 to 60 seconds before the person takes another breath.

**Buccal:** Medication given on the inside of the cheek.

**Bereavement department:** Grief specialists who work with the family for up to 13 months after the death.

**Concentrated care (continuous care):** A level of care initiated when a patient's symptoms are not being controlled. During concentrated care, a nurse can be placed at the bedside for eight-hour shifts until symptoms are under control.

**CCN:** A concentrated care nurse who sits at the patient's bedside when concentrated care has been initiated.

**CNA:** Certified nursing assistant.

**Call center:** Where all phone calls to Hospice of the Red River Valley are answered. Calls are then sent to the appropriate person.

**Cheyne stokes:** Breathing pattern characterized by a period of apnea lasting 10 to 60 seconds, followed by gradually increasing depth and frequency of the respirations.

**Comfort kit (ER kit):** Medications usually ordered at the time of admission for symptom control.

**Dysphagia:** Difficulty swallowing.

**Election of hospice benefit:** When papers are signed and the patient is admitted to hospice.

**Face-to-face visit:** A hospice physician or nurse practitioner must have a face-to-face visit with patients every 60 days to determine continued eligibility once the patient has been on service longer than the two initial 90-day periods. The visit must take place prior to the 180-day recertification.

**GIP:** General inpatient is a level of care where the patient is hospitalized due to symptoms that are not being controlled. Once the symptoms are under control, the patient returns home to routine home care.

**Hospice appropriate patient:** A patient who meets the criteria for admission to hospice as determined by the hospice medical director and the patient's primary physician.

**IDT:** Interdisciplinary team meeting where all members of the primary care team meet to review the patient's plan of care.

**Impending death:** When death is expected within the next two to three days.

**Interdisciplinary team:** The staff members who together make up the patient's team of caregivers: e.g. nurses, LSW, chaplains, CNAs, volunteers, grief specialists and medical director.

**LOC:** The specific level of care the patient is on: routine home care, general inpatient, respite or concentrated care.

**LSW:** Licensed social worker.

**Medicare hospice benefit:** Anyone eligible for Medicare is qualified to receive the hospice Medicare benefit if they are appropriate for hospice services, with a prognosis of six months or less. All medications, equipment and supplies related to the terminal diagnosis are covered, along with all visits and services from hospice staff.



**Mottling:** When skin has a bluish/purplish color. This is due to circulation slowing down as the blood supply to the area is decreased. It is often seen on the bottoms of the feet, ankles or knees, and is common over bony prominences. It can come and go quickly. Not everyone experiences mottling, but it is common.

**On-call nurse:** Hospice nurse who is available 24 hours a day to meet the needs of the patient, day or night.

**PO:** Medications given by mouth.

**POC:** Plan of care, which is developed for each patient depending on his or her needs.

**PCG:** Primary caregiver, the designated as the patient's primary "go-to" person at the time of admission.

**Palliative care:** Comfort measures only. The patient is no longer seeking aggressive treatment.

**Pathway volunteers:** Volunteers who are trained to sit at the bedside with patients when death is imminent and the patient is resting comfortably. Volunteers are placed at the request of the family, not just facility staff.

**Primary care team:** Includes the hospice medical director, nurses, LSWs, CNAs, chaplains, volunteers and grief specialists.

**PRN:** As needed.

**Recertification:** A written certification of terminal illness for each benefit period the patient is on hospice. Initially there are two 90-day periods, followed by an unlimited number of 60-day periods, as long as the patient continues to qualify for service as determined by the hospice medical director.

**Referral:** This takes place when hospice staff meet with patients and loved ones to talk about our services. Meetings are held when and where it's convenient for the patient and their loved ones. Referrals are provided free of charge and without obligation.

**Respite stay:** A five-day stay used to provide rest for both the caregiver and patient. Care is provided at various locations, and placement is made on a case-by-case basis. The patient returns home after the respite stay and returns to routine home care. This benefit can be used once every 30 days.

**Routine home care:** The level of care most patients usually receive when their symptoms are under control.

**Secretions:** A sound caused by the accumulation of secretions at the back of the throat and around the lungs that is caused by the inability to cough and clear secretions due to weakness.

**Sub-Q line:** A small, needleless butterfly system placed in the fatty tissue and taped in place to help with pain and symptom control when a patient is unable to take oral meds, or as an alternative to repeated injections.

**Sublingual:** Medications given under the tongue.

**Transdermal patch:** A drug-impregnated adhesive patch applied to the skin for controlled release of a medication, such as fentanyl patch.

**Volunteers:** Individuals who give their time to help hospice patients and their loved ones by providing companionship, assisting with daily tasks, running errands and more.