



Diagnosis-Specific Guidelines For Hospice

Would you be surprised if your patient lived longer than six months?

Several signs and symptoms indicate that a patient is medically appropriate for hospice care. The following guidelines can help determine when to make a referral.

Referral Triggers

- Uncontrolled or chronic symptoms that interfere with quality of life
- Progressive decline in functional capability
- Unintentional, progressive weight loss greater than 10 percent in the past six months
- May have multiple chronic comorbidities
- Dependence on assistance for most cares
- Recurrent infections
- Recurrent ER visits or hospitalizations
- Non-healing wounds

Advanced Cardiac Disease

- Optimally treated for heart disease or CAD, is not a candidate for surgery or refuses recommended surgery
- Patients with CHF or angina should meet criteria for New York Heart Association (NYHA) Class IV
- Patients can be NYHA Class III if significant comorbidities.
 - Comorbidities may include COPD, renal disease, liver disease, dementia, diabetes, Parkinson's, etc.

Advanced Pulmonary Disease

- May include pulmonary fibrosis and pulmonary hypertension
- Disabling shortness of breath while at rest; even talking may cause shortness of breath
- Decreased functional capacity, as evidenced by bed-to-chair existence, fatigue or cough
- Recurring or exacerbation of pneumonia
- Right Heart Failure (RHF) second to the pulmonary disease
- Unintentional, progressive weight loss greater than 10 percent of body weight in the past six months
- Resting tachycardia greater than 100/minute
- Hypoxemia at rest on room air

Stroke

- Unable to care for self
- Unable to maintain hydration and caloric intake

Cancer

- Advanced, recurrent or metastatic cancer
- No curative treatment being sought
- Palliative radiation or chemo considered on an individual basis



Advanced Dementia

- Progression of the dementia
- Requires assistance for ambulation, dressing and bathing
- Urinary and bowel incontinence
- Speaks six words or less, no consistent meaningful conversation
- Unintentional, progressive weight loss greater than 10 percent of body weight in the past six months or albumin level less than 2.5gm/dl
- Recurrent infections, such as pneumonia, UTI or pressure ulcers
- Frequent falls

Advanced Renal Disease

- Patient cannot be on dialysis
- Serum creatinine greater than 8mg/dl (6mg/dl for diabetics) or creatinine clearance less than 10cc/min (<15cc/min for diabetics)
- Existing comorbidities: COPD, heart disease, advanced liver disease or any malignancies

Advanced Liver Disease

- Ascites not responsive to treatment
- Serum albumin less than 2.5gm/ml
- Hepatic encephalopathy not responsive to treatment
- Hepatorenal syndrome
- Additional factors: progressive malnutrition and muscle wasting, active alcoholism, hepatitis B positive, hepatitis C not responsive or not a candidate for interferon, or patient noncompliance

ALS

- Critical impairment of breathing capacity or ability to swallow
- Rapid progression of ALS with nutrition impairment
- Rapid progression with complications, such as repeated infections



Please use this information as a guideline. If you have questions about the medical guidelines for hospice care or a specific patient, please contact us.