VNH
VISITING NURSE and HOSPICE
for VERMONT and NEW HAMPSHIRE

A Dartmouth-Hitchcock Affiliate

Guidelines for Hospice Referrals

Patients with Non-Cancer Diagnosis

Admission to hospice requires a clinical judgment that a patient's prognosis is less than six months. Non-cancer illnesses tend to be unpredictable and characterized by fluctuations in both symptoms and their severity, making hospice diagnosis more difficult. However, patients do benefit most from early referral to a hospice program. Patients meeting two or more factors in any of the following categories are hospice appropriate:

General Guidelines

- Life limiting condition
- Progression of disease
- Frequent hospitalization, office, ER visits
- Weight loss > 10% over past six months
- Serum albumin < 2.5dl
- Patient/family focus on symptom relief, not cure

End-Stage Pulmonary Disease

- Dyspnea at rest
- FEV 1 < 30% after bronchodilators
- Recurrent pulmonary infections
- Cor pulmonale / right heart failure
- p02 < 55 mm Hg or 02 sat < 88% (on 0 2)
- Persistent resting tachycardia
- Cardiogenic embolic disease (e.g. CVA)
- Weight loss > 10% over past six months

End-Stage Renal Disease

- Patient not seeking dialysis or transplant
- Creatinine Clearance < 10 cc/min «1 5cc/min for diabetics)
- Creatinine > 8 mg/dl (>6 mg/dl for diabetics)
- Symptoms of uremia (confusion, Nausea/vomiting, pericarditis), restlessness
- Hyperkalemia > 7.0 mEq/L
- Oliguria < 400 cc/24 hrs.

End-Stage Cardiac Disease

- Symptomatic despite optimal treatment with diuretics and vasodilators
- Recurrent CHF, NYHA Class III or IV
- Ejection fraction < 20%
- Arrhythmias are resistant to treatment
- History of cardiac arrest or resuscitation
- Cardiogenic embolic disease (e.g . CVA)
- Angina at rest
- Persistent resting tachycardia

End-Stage Liver Disease

- Patient is not a candidate for a liver transplant
- PTT > 5 seconds over control
- Serum Albumin < 2.5 gm/dl
- Ascites refractory to treatment
- Peritonitis
- Hepatic encephalopathy, refractory to treatment
- Hepatorenal syndrome
- Progressive malnutrition
- Continued active alcoholism

End-Stage Dementia

- Functional Assessment score > 7
- Unable to ambulate without assistance
- Unable to dress or bathe without assistance
- Urinary and fecal incontinence, intermittent or constant
- No meaningful verbal communication
- Complications such as aspiration pneumonia, UTI, septicemia, recurrent fevers
- Decubitus ulcers stage 3 or 4
- Weight loss of 10% over last six months

Stroke and Coma

- Coma or persistent vegetative state >3 days
- Dysphagia: without artificial nutrition/hydration
- Dependence in all ADLs
- Post stroke dementia
- Urinary and fecal incontinence
- Family wants palliative care
- Absent verbal response

ALS (End-Stage Neurological Diseases)

- Wheelchair bound or bed bound
- Barely intelligible speech
- Difficulty swallowing
- Nutritional status declining
- Needs major assist in all ADLs
- Dyspnea at rest: requires 02
- Declines assisted ventilation

Benefits of Hospice program to physician:

- Clinical assessments and progress reports
- Decrease in patient / family crisis calls
- Support of hospice Medical Director
- Availability of office co-visit by hospice nurse to assist with patient education and end-of-life decision making

Primary MD remains member of hospice team

Admissions/Referrals 1-800-575-5162