

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

Benefits of Hospice program to providers:

- 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

End-Stage Pulmonary Disease

- Dyspnea at rest
- FEV 1 < 30% after bronchodilators
- Recurrent pulmonary infections
- Cor pulmonale / right heart failure
- pO₂ < 55 mm Hg or O₂ sat < 88% (on O₂)
- 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



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Patients with Non-Cancer Diagnosis (continued)

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 O2
- Declines assisted ventilation

Patients with Cancer Diagnosis

- Disease with metastases at presentation or progression from an earlier stage of disease to metastatic disease with EITHER continued decline in spite of further disease related therapy OR patient declines further disease related therapy.
- Certain cancers with poor prognosis—small cell lung cancer, brain cancer and pancreatic cancer—may be hospice eligible without fulfilling the other criteria in this section.



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