

## Guidelines for End Stage Disease (Non-Cancer)

### Pulmonary Disease

**ALL of the following required:**

- Severe chronic lung disease with:
  - Disabling dyspnea at rest, **decreased** functional capacity and poor bronchodilator response (FEV1 after bronchodilator <30% predicted, if available)
- Progression of end-stage disease with:
  - Increased ER or MD home visits**OR**
- Hypoxemia** at rest while on oxygen (pO<sub>2</sub> ≤ 55; O<sub>2</sub> sat ≤ 88 on O<sub>2</sub>) or Hypercapnea (pCO<sub>2</sub> ≥ 50)
- Cor **Pulmonale/right** heart failure

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### Liver Disease

- PT > 5 seconds over control (INR > 1.5)
  - OR**
  - Serum albumin < 2.5 gm/dl
- AND ONE** of the following:
- Ascites** despite diuretics or patient noncompliant
  - Spontaneous bacterial peritonitis
  - Hepatorenal syndrome
  - Hepatic encephalopathy
  - Recurrent variceal bleeding

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### Heart Disease

- Class IV **CHF**, symptomatic **at rest** (Ejection Fraction < 20%) (if available)
- AND**
- Optimal** diuretic and vasodilator therapy, as tolerated
- OR**
- Refractory** angina resistant to medical therapy; Not a revascularization candidate or declines revascularization

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### Renal Disease

- Not seeking dialysis or renal transplant
- Cr Cl < 10 **cc/m** (< 15 **cc/m** diabetics)  
With CHF: Cr Cl < 15 **cc/min** (20 cclm in diabetics)
- OR**
- Cr > 8 **mg/dl** (> 6 mg/dl diabetics)

### Core

#### Indicators

- Physical Decline
- Weight Loss
- Multiple Comorbidities
- Serum Albumin < 2.5 **gm/dl**
- Dependence in most ADL's
- Kamofsky Score < = 50%

### Stroke, Acute Phase

- Coma or persistent vegetative state for ≥ 3 days **OR**
- In post-anoxic stroke, ≥ 3 days post-anoxic event, coma or severe obtundation with severe myoclonus **OR**
- Dysphagia preventing adequate intake w/o artificial feeding or hydration

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### Stroke, Chronic Phase

- Poor functional status (KPS ≤ 40)
- OR**
- Dementia (with **ALL** of the following):
  - FAST score > 7
- Unable to ambulate, dress, bathe without assistance
  - Urinary and fecal incontinence
  - Speech limited to ≤ 6 intelligible words
- OR** Poor nutritional **status/weight** loss > 10% in past 6 months or serum albumin < 2.5 **gm/dl**

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### Coma

- Coma or persistent vegetative state on day ≥ 3, **AND ANY** 3 of the following:
  - Abnormal** brain stem response
  - Absent verbal response
  - Absent withdrawal response to pain
  - Cr > 1.5 mg/dl

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### Failure to Thrive

- For patients not meeting any other criteria, including Decline in Health Status:
- Decubiti
  - Wt. < 80% ideal weight
  - No feeding tube
  - Not** eating
  - Frequent infections
  - Serum albumin < 2.5 **gm/dl**
  - Cholesterol < 156 mg/dl
  - Hematocrit < 41 mg/dl

**For Information or Referrals - 1-888-533-3999**

## Guidelines for End Stage Disease (Non-Cancer) continued

### ALS (Lou Gehrig's Disease)

Patients must meet one of the following three criteria:

- Critically impaired breathing capacity as demonstrated by **ALL** of the following occurring within the 12 months preceding initial hospice certification:
  - Vital capacity < 30% of normal
  - Dyspnea at rest
  - Requiring supplemental O<sub>2</sub> at rest
  - Patient declines artificial ventilation; external ventilation used for comfort only
- Rapid Progression of **ALS AND** critical nutritional impairment
  - Rapid progression of **ALS** as **demonstrated** by **ALL** of the following occurring within the 12 months preceding initial hospice certification.
    - Independent **ambulation** to wheelchair to **bedbound**
    - Normal to barely or unintelligible speech
    - Normal to pureed diet
    - Independent **ADLs** to needing major assistance
  - Critical nutritional impairment as demonstrated by **ALL** of the following occurring within the 12 months preceding initial hospice certification:
    - Oral intake of nutrients and fluids insufficient to sustain life
    - Continuing weight loss
    - Dehydration or **hypovolemia**
    - Absence of artificial feeding methods, **sufficient** to sustain life, but not for relieving hunger
- Rapid progression of **ALS AND** life-threatening complications
  - Rapid progression of **ALS** (see above)
  - Life-threatening complications as demonstrated by **ONE** of the following occurring within the 12 months preceding initial hospice certification:
    - Recurrent aspiration pneumonia (with or without tube feeding)
    - Upper urinary tract infections (e.g. pyelonephritis)
    - Sepsis
    - Recurrent fever after antibiotic therapy
    - Stage 3 or 4 decubitus **ulcer(s)**

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### Decline in Health Status

Patients with decline in health status must show decline in the clinical variables listed below:

- Progression of disease as documented by symptoms, signs and test results.

- Decline in Karnofsky Performance Status or Palliative Performance **Score/Adapted Karnofsky** (see Karnofsky Scale)
- Weight Loss; decreased anthropomorphic measurement (**med-arm** circumference, abdominal girth) not due to reversible causes such as depression or use of diuretics; decreasing serum albumin or cholesterol
- Dependence on assistance for two or more activities of daily living (**ADLs**)
  - Feeding
  - Ambulation**
  - Continence
  - Transfer
  - Bathing
  - Dressing
- Dysphagia** leading to inadequate nutritional intake (document by, for example, a trend established by comparing changes in food portion consumption)
- Recurrent aspiration
- Decline in systolic blood pressure to < 90 systolic or progressive postural hypertension
- Increasing emergency room visits or hospitalizations related to the hospice primary diagnosis
- Decline in Functional Assessment Staging (FAST) for dementia (see FAST scale)
- Progressive Stage 3-4 pressure ulcers in spite of optimal care

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### Dementia

- Stage 7 or beyond according to FAST scale (see FAST scale)
  - Unable to walk, dress or bathe without assistance **AND**
  - Unable to speak or communicate meaningfully, or using  $\leq 6$  meaningful words
- AND ONE** of the following complications within the past year:
- Aspiration pneumonia
  - Pyelonephritis** or other UTI infections
  - Septicemia
  - Multiple stage 3-4 decubitus ulcers
  - Recurrent fevers after antibiotics
  - Inability to maintain sufficient fluid and calorie intake
  - Weight loss > 10% despite tube feeds or albumin < 2.5 g/dl

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