**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 (pO2 ≤ 55; 02 sat ≤ 88 on 02) or Hypercapnea (pCO2 ≥ 50)
- □ Cor Pulmonale/right heart failure

### 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

### Stroke, Chronic Phase

- □ Poor functional status (KPS ≤ 40)
  - □ 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

### 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

### 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 O2 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)

**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

**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 ≤ 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

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