DETERMINING APPROPRIATENESS FOR HOSPICE CARE: Predicting a life-expectancy of 6 months or less usually involves a significant, documented deterioration in physical status/function such as weight loss or decreased function and/or an end-stage disease. Decline may also be due to refusal of treatments, medications or hospitalization aimed at improving or stabilizing an advanced disease. A patient can be appropriate for hospice even without a specific end-stage disease (see DECLINE IN STATUS).

AMYOTROPHIC LATERAL SCLEROSIS (ALS): Patients tend to have a constant overall rate of decline, whether rapid or slow. They should have 1 OR 2 OR 3 below:
1. CRITICALLY IMPAIRED BREATHING CAPACITY occurring over the past 12 months with ALL of the following: a) dyspnea at rest; b) supplemental O2 at rest; c) no ventilator or ventilator only for comfort. A vital capacity <30% is supportive, if available OR
2. RAPID PROGRESSION AND CRITICAL NUTRITIONAL IMPAIRMENT with ALL of the following in the past 12 months: a) bed-bound; b) barely or unintelligible speech; c) pureed diet; d) major assist in all ADLs; e) insufficient oral intake; f) continuing weight loss; g) NO ARTIFICIAL NUTRITION except to relieve hunger OR
3. RAPID PROGRESSION AND LIFE Threatening COMPLICATIONS with ONE of the following in the past 12 months: a) recurrent aspiration pneumonia; b) upper UTI; c) sepsis; d) recurrent fever in spite of antibiotics; e) stage 3/4 decubitus ulcers

CANCER: should have 1 OR 2
1. DISTANT METASTASES AT DIAGNOSIS OR
2. PROGRESSION FROM EARLIER STAGE TO METASTATIC DISEASE with EITHER: a) failure of treatment; OR b) refusal of further treatment
3. NOTE: may be eligible on diagnosis of small-cell lung cancer, brain cancer, and pancreatic cancer if treatment is not sought

DEMENTIA OF ALZHEIMERS TYPE: patients should have 1 AND 2
1. > STAGE 7 on FAST SCALE: a) unable to ambulate and dress and bathe without assistance; b) incontinent of urine and stool; c) 6 or less intelligible words/day AND
2. ONE OF THE FOLLOWING IN THE PAST 12 MONTHS: a) aspiration pneumonia; OR b) upper UTI; OR c) septicemia; OR d) multiple stage 3/4 decubitus ulcers; OR d) recurrent fever on antibiotics; OR e) weight loss >10% in past 6 months/ albumin <2.5

AIDS: patients should have 1 AND 2; factors from 3 are supportive
1. CD4+ < 25 (2 or more assays at least 1 month apart) OR VIRAL LOAD> 100,000 AND ONE OF THE FOLLOWING: a) CNS lymphoma; OR b) wasting with weight loss>10%; OR c) MAC ,untreated or treatment ineffective or refused; OR d) PML; OR e) systemic lymphoma with partial chemo response; OR f) visceral Kaposi's sarcoma unresponsive to treatment; OR g) renal failure and no dialysis; OR h) cryptosporidium; OR i) toxoplasmosis unresponsive to treatment AND
2. PERFORMANCE SCALE < 50% (KPS or PPS)
3. SUPPORTIVE: a) diarrhea > 1 year; b) albumin <2.5; c) ongoing substance abuse; d) age >50; e) resistance to antiretrovirals or prophylactic RX; f) advanced AIDS dementia; g) toxoplasmosis; h) CHF; i) advanced liver disease

HEART DISEASE: patients should have 1 AND 2; factors from 3 are supportive
1. OPTIMAL TREATMENT AND EITHER NOT A CANDIDATE FOR OR REFUSE SURGERY AND
2. NYHA CLASS IV (DISCOMFORT WITH ANY PHYSICAL ACTIVITY; SYMPTOMS OF CHF/ ANGINA AT REST). (EF =/≤ 20% if available)
3. SUPPORTIVE: a) symptomatic arrhythmias resistant to treatment; b)previous arrest/CPR; c) unexplained syncope; d) brain embolus from heart; e) HIV

LIVER DISEASE: patients should have 1 AND 2; factors from 3 are supportive
1. PT > 5 SEC. OVER CONTROL OR INR. 1.5 AND ALBUMIN < 2.5 AND
2. ONE OF THE FOLLOWING: a) refractory ascites or non-compliance; OR b) spontaneous bacterial peritonitis; OR c) hepato-renal syndrome; OR d) refractory encephalopathy or non-compliance; OR e) recurrent esophageal variceal bleeding despite treatment
3. SUPPORTIVE: a) weight loss>10%; b) muscle wasting/loss of strength; c) continued alcohol consumption; d) hepatocellular cancer; e) HBsAg positive; or f) hepatitis C refractory to treatment

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LUNG DISEASE: patients should have 1 AND 2; factors in 3 are supportive
1. DYSPNEA AT REST AND MINIMAL EXERCISE TOLERANCE (with FEV1 <30% IF AVAILABLE) AND PROGRESSION OF DISEASE WITH INCREASED ER VISITS, HOSPITALIZATIONS OR MD HOME VISITS (documented serial decrease in FEV1 40 ml/year if available) AND
2. pO2 <55 mmHg ON ROOM AIR OR O2 SAT < 88 ON O2 OR Pco2 >50 mm Hg
3. SUPPORTIVE: a) cor pulmonale; b) weight loss.10% in past 6 months; c) HR > 100/min at rest

KIDNEY DISEASE: patients should have 1 AND EITHER 2 OR 3; factors in 4 and 5 are supportive
1. NOT SEEKING DIALYSIS OR TRANSPLANT OR STOPPING DIALYSIS
2. CREATININE CLEARANCE < 10 cc/min (<15 FOR DIABETICS) OR LESS THAN 15 cc/min WITH CHF (< 20 cc/min FOR DIABETICS)
3. CREATININE > 8 mg/dl (> 6 FOR DIABETICS)
4. SUPPORTIVE FOR ACUTE RENAL FAILURE: a) mechanical ventilation; b) cancer; c) chronic lung disease; d) advanced heart disease; e) advanced liver disease; f) sepsis; g) AIDS; h) albumin < 3.5; i) cachexia; j) platelet ct < 25,000; k) DIC; l) GI bleeding
5. SUPPORTIVE FOR CHRONIC RENAL FAILURE: a) uremia b) oliguria (< 400cc/day); c) K+ > 7 with treatment; d) pericarditis; e) hepatorenal syndrome; f) intractable fluid overload

STROKE: patients should have 1 AND 2; factors in 3 are supportive
1. KPS/PPS < 40 AND
2. INADEQUATE NUTRITION WITH ONE OF THE FOLLOWING: a) weight loss > 10% in 6 months or 7.5% in 3 months; OR b) albumin < 2.5; OR c) aspiration pneumonia not responsive to speech therapy intervention; OR d) inadequate caloric intake counts; OR e) severe dysphagia and NO artificial feeding
3. SUPPORTIVE: any of the following in the previous 12 months: a) aspiration pneumonia; b) upper UTI; c) sepsis; d) refractory decubitus ulcer 3/4; e) recurrent fever on antibiotics
4. Note: specific CT findings on hemorrhagic or embolic strokes may support poor prognosis

COMA: patients with ANY 3 of the following on DAY 3 of coma: a) abnormal brain stem response; b) no verbal response; c) no withdrawal response to pain; d) creatinine > 1.5. For supportive factors see 3 under STROKE

DECLINE IN CLINICAL STATUS (formerly FAILURE TO THRIVE and/or DECLINE IN FUNCTION). This category is for documented, irreversible decline over time from a known baseline
1. PROGRESSION OF DISEASE. No specific number of variables is needed.
   A. CLINICAL: 1) recurrent infections; 2) weight loss not from reversible cause; 3) falling albumin or cholesterol; 4) dysphagia with recurrent aspiration and/or poor intake
   B. SYMPTOMS: 1) dyspnea with increased RR; 2) intractable cough; 3) intractable nausea/vomiting; 4) intractable diarrhea; 5) increasing pain on treatment
   C. SIGNS: 1) systolic BP<90 or postural hypotension; 2) ascites; 3) venous, arterial or lymphatic obstruction; 4) edema; 5) pleural/ pericardial effusion; 6) weakness; 7) change in LOC
   D. LABORATORY (NOT required): 1) increasing CO2 or decreasing pO2 or O@ sat; 2) increasing calcium, creatinine or LFTs; 3) increasing tumor markers; 4) progressively high or low Na or high K
   E. PERFORMANCE SCALE <70 due to disease
   F. INCREASING VISTS to ER or MD or HOSPITALIZATIONS
   G. DECLINE IN FAST SCALE (>7A)
   H. PROGRESSIVE DEPENDENCE IN ADLs
   I. PROGRESSIVE DECUBITUS ULCERS 3/4 IN SPITE OF RX
2. NON-DISEASE SPECIFIC GUIDELINES; A AND B ARE REQUIRED
   A. PERFORMANCE SCORE < 70 (Stroke and AIDS require lower PPS) AND
   B. DEPENDENCE ON ASSISTANCE FOR 2 OR MORE ADLs: 1) feeding; 2) ambulation; 3) continence; 4) transfer; 5) bathing; 6) dressing
   C. COMORBIDITIES likely to contribute to < 6 months life expectancy: 1) COPD; 2) CHF; 3) ischemic heart disease; 4) diabetes; 5) neuralgic disease; 6) kidney failure; 7) liver disease; 8) cancer; 9) AIDS; 10) dementia


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