

**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 O<sub>2</sub> 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

**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 **AND**
2. CREATININE CLEARANCE < 10 cc/min (<15 FOR DIABETICS) OR LESS THAN 15 cc/min WITH CHF (< 20 cc/min FOR DIABETICS) **OR**
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. PERFORMACE SCALE <70 due to disease
  - F. INCREASING VISTS to ER or MD or HOSPITALIZATIONS
  - G. DECLINE IN FAST SCALE ( $\geq 7A$ )
  - 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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