Common Indicators for End Stage Diseases

All of these indicators do **not** need to be met to qualify for hospice services.

<table>
<thead>
<tr>
<th>General Core Indicators</th>
<th>End Stage Lung Disease</th>
<th>End Stage Alzheimers/Dementia</th>
<th>End Stage Liver Disease</th>
<th>End Stage Heart Disease</th>
</tr>
</thead>
<tbody>
<tr>
<td>When attempting to evaluate whether or <strong>not</strong> a patient/resident is appropriate for hospice, consider the following:</td>
<td>Cor pulmonale and right heart failure (RHF) secondary to pulmonary disease</td>
<td>Inability to communicate, &lt;6 words/ conversation</td>
<td>PTT &gt;5 seconds over control (INR &gt;1.5)</td>
<td>Symptoms of CHF or angina even at rest</td>
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<tr>
<td>⇒ Progression of disease</td>
<td>⇒ Resting tachycardia &gt; 100/minute</td>
<td>⇒ Inability to ambulate/dress without assist</td>
<td>⇒ Serum Albumin &lt;2.5 mg/dl</td>
<td>⇒ Discomfort with any physical activity</td>
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<td>⇒ Frequent medical care/ER visits</td>
<td>⇒ Disabling dyspnea at rest, poor response to bronchodilators resulting in decreased functional capacity</td>
<td>⇒ Inability to sit up or hold head up</td>
<td>⇒ Ascites, refractory to treatment or patient non-compliant</td>
<td>⇒ Symptomatic despite maximum medication management</td>
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<td>⇒ Decrease in cognitive or physical ability</td>
<td>⇒ Progression of end-stage pulmonary disease per increasing visits to ER or hospitalizations for infections and/or respiratory failure</td>
<td>⇒ Weight loss and/or poor nutritional status</td>
<td>⇒ Spontaneous Bacterial Peritonitis</td>
<td>⇒ Ejection Fraction &lt;20%</td>
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<td>⇒ Significant or unexplained weight loss (over 10% in last 6 months)</td>
<td>⇒ PO2 &lt;56 (SaO2 &lt;89%) or PCO2 &gt;49</td>
<td>⇒ Dependence on most ADLs, incontinent of bowel and bladder</td>
<td>⇒ Hepatorenal Syndrome</td>
<td>⇒ History of Syncope or Cardiac Arrest</td>
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<td>⇒ Body Mass Index (BMI) &lt;22kg/m2</td>
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<td>⇒ Complications with Sepsis, UTI, Decubiti and/or Aspiration Pneumonia</td>
<td>⇒ Hepatic Encephalopathy, refractory to treatment, or patient non-compliant</td>
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<td>⇒ Patient declining enteral/parenteral nutrition or has not responded to nutritional support</td>
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<td>⇒ Karnofsky &lt;50% or PPS &lt; or = to 40%</td>
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**Coma**
- Coma x 3 days with 3 of the following:
  - Abnormal Brain Stem response
  - No response to painful stimuli
  - No verbal response
  - Serum Creatinine >1.5mg/dl
- Decubiti Ulcer Stage 3 or 4
- Karnofsky or PPS < or = to 40%
- Nutritional status poor
- Weight loss >= 10% during previous 6 months or >= to 7.5% in previous 3 months
- Medical complications: Pneumonia, URI, UTI

**ALS**
- Inability to walk
- Dependence on most ADL’s
- Difficulty swallowing
- Barely intelligible speech
- SOB, on oxygen at rest and refuses mechanical ventilation
- Rapid progression in last year
- Poor nutritional status, declines feeding tube
- Potentially life-threatening complications (Recurrent Aspiration Pneumonia, Sepsis, Pyelonephritis)

**Neurological**
- Rapid progression of disease
- Unable to walk
- Unintelligible speech
- Dependence in 2 or more ADLs
- Nutritional status poor as evidenced by progressive weight loss, severe dysphagia
- Serum Albumin of <2.5gm/dl
- Impaired breathing capacity, dyspnea at rest
- Medical complications: UTI, URI, Sepsis or Decubiti

**HIV**
- CD4+ Count <25 cells/mCL or persistent viral load >100,000 copies/ml
- CNS or Systemic Lymphoma
- Untreated or not responsive to treatment, wasting (loss of 33% lean body mass)
- Mycobacterium Avium Complex (MAC) bacteremia, untreated/unresponsive to treatment
- Visceral Kaposi’s Sarcoma unresponsive to treatment
- Renal Failure in the absence of dialysis

**Renal Disease**
- Declining dialysis and renal transplant
- Serum Creatinine >8 mg/dl (>6 mg/dl for diabetics)
- Creatinine Clearance <10 cc/min (<15 cc/min in diabetics)
- Uremia (confusion, nausea, restlessness, pericarditis)
- Oliguria (<400 cc/day)
- Intractable Hyperkalemia (>7.0) not responsive to treatment

**Stroke/CVA**
- Karnofsky Score or PPS < or = to 40%
- Medical complications of pneumonia, URI, UTI, infection
- Inability to maintain hydration and caloric intake with one of the following:
  - Weight loss >10% during previous 6 months or >7.5% in previous 3 months
  - Serum Albumin <2.5 gm/dl
  - Current history of pulmonary aspiration without effective response to speech language pathology intervention
  - 24-hour calorie counts documenting inadequate caloric/fluid intake

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