



COASTAL HOME HEALTH & HOSPICE

Hospice Reference Guide

HELPING YOU DETERMINE HOSPICE ELIGIBILITY

DISEASE SPECIFIC GUIDELINES:

Ask yourself: "Would I be surprised if this patient died within the next 6 months?" If the answer is NO then he/she is appropriate for Hospice

More specific Criteria for Non-Cancer Diagnosis:

AIDS

- CD4 less than 25 or HIV RNA over 100,000 and
- Life-threatening complication (e.g., CNS lymphoma, PML, muscle wasting, cryptosporidium (infection), refractory visceral Kaposi's sarcoma, resistant oxo, ESRD and no planned dialysis, resistant systemic lymphoma)

Alzheimer's Disease

- FAST 7 and
- Significant cor-morbidity potentially limiting lifespan

Cardiac Disease

- Angina at rest despite max medical therapy OR
- NYHA Class IV CHF

Coma

Comatose patient w/ any 3 of the following on D 3 of coma:

- No verbal response
- No withdrawal to pain
- Abnormal brain-stem response
- Creatine over 1.5

ALS

- SOB at rest and refuses mechanical ventilation
- Rapid progression in last year and either: 1) significant nutritional impairment or 2) potentially life threatening complications

Liver Disease

PT more than 5 sec over control (INR over 1.5) and albumin less than 2.5 plus 1 of the following:

- Spontaneous bacterial peritonitis
- Hepatorenal syndrome
- Refractory ascites
- Refractory hepatic encephalopathy
- Recurrent variceal bleeding

Lung Disease

- Disabling SOB at rest AND
- Evidence of progressive disease
- PO2 under 56 or pCO2 over 49

Stroke

1. PPS 40% or less AND
2. Inadequate PO intake w/ 1 of the following

- 10 % weight loss in last 6 mos.
- Albumin 2.5 or less
- Recurrent aspiration
- 24 hour cal count documenting inadequate intake
- If does not meet both #1 and #2, then should have significant comorbidity and/or rapid decline
- Age >70

Calculating BMI and CRCL

$$BMI = \frac{703 \times (WT \text{ in LBS})}{(\text{height in inches})^2}$$

$$CrCl = \frac{(140 - \text{age in years}) \times (\text{wt in kg})}{72 (\text{creatinine in mg/dl})}$$

Multiply total by 0.85 for women

Staging Guidelines (FAST, NYHA CHF, ADL & PPS)

Staging Advanced Dementia (FAST 6 & 7)

Fast 6

- Can't dress properly
- Can't bathe properly
- Improper toileting
- Urinary incontinence
- Fecal incontinence

Fast 7

- Cant speak over 6 intelligible words during interview
- Can get out only 1 word during interview
- Cant walk without assistance
- Cant smile
- Cant hold head up without support

NYHA CHF Classes:

- 1 - No Symptoms
- 2 - Symptoms w/ ordinary exertion
- 3 - Symptoms w/ mild exertion
- 4 - Symptoms at rest

ADLs: bathing, dressing, toileting, feeding, transferring, walking

Tips on other common problems

Treating Depression in Terminally Ill

If life expectancy over 4 wks: SSRI

- Celexa has fewest drug interactions;
- Zoloft probably best in those who are also irritable

If life expectancy less than 4 wks: Ritalin

- Start at 5mg QAM-BID (w/ 2nd dose by 2PM) Should be taken 30-45 min ac. MDD 60mg/d

NOTE: Do NOT abruptly D/C SSRIs, SNRIs, or Ritalin. Taper off to prevent discontinuation syndrome.

Treating Anxiety in Terminally Ill

Before using drugs, treat underlying cause, if possible

If life expectancy over 2 mos.: SSRI

If life expectancy less than 2 mos.: benzo

Drugs that can cause confusion

Amantadine	Demerol	NSAIDs
Amiodarone	Digitalis	PCP
Amphetamines	EtOH	Propoxyphene
Anticholinergics	Glucocorticoids	Ritalin
Antihistamines	Hallucinogens	Tagamet
Captopril	L-dopa	Talwin
Cocaine	Marijuana	Zantac

FOR REFERRALS OR QUESTIONS:

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