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National Hospice and Palliative Care Organization
Non-Cancerous Guidelines to Determine Hospice Eligibility

The National Hospice and Palliative Care Organization supports the following guidelines to aid in determining prognosis in non-cancer disease. These worksheets are just a starting point in decision making in non-cancer disease. At the time of admission, clinical judgment must always be applied in each individual case to supplement these guidelines.

Amyotrophic Lateral Sclerosis (ALS)	***General Guidelines***	***Cardiac Disease***	***Debility***	***Dementia***
1. Rapid progression of ALS. Most disability should have developed in the past 12 months. -progression from independent ambulation to W/C or bedbound -progression from normal to barely intelligible or unintelligible speech. -progression from normal to pureed diet -progression from independent in/all ADL's to requiring assistance in ADL's 2. At least one of the following: -Critically impaired ventilatory capacity -(VC) < 30% predicted -dyspnea at rest -O2 required at rest -intubation, tacheostomy or mechanical ventilation -Critical nutritional impairment -artificial feeding not elected discontinued -oral intake insufficient -continued wt. loss -dehydration or hypovolemia -Life-threatening complications -recurrent aspiration pneumonia -decubitus ulcers, stage 3-4, particularly if infected -upper respiratory infection, urinary tract infection -sepsis -fever recurrent after antibiotics	1. Life limiting condition 2. Pt/family informed of condition 3. Pt/family elected palliative care 4. Documentation of clinical progression of disease *Evidenced by:* -serial physician assessment -radiologic or other studies -frequent ER visit; hospitalizations -laboratory studies 5. Recent decline in functional status -<50% Karnofsky Performance Status -dependence in 3 of 6 ADL -dressing -feeding -continence of urine/stool -bathing -transfers -ambulation to bathroom 6. Recent impaired nutritional status -unintentional, progressive wt. loss of 10% over past six months -serum albumin <2.5 gm/dl	1. Is patient a candidate for a heart transplant? 2. Does patient have sign and symptoms of CHF at rest? 3. Has physician verified that the patient is on optimal diuretic and vasodilator therapy? -Diuretics -Vasodilators -Nitrates -Apresoline Angiotensin Converting -Enzyme (ACE) inhibitor 4. Does patient have ejection fraction of <20? 5. Documentation of following factors: -treatment resistant to symptomatic supraventricular or ventricular arrhythmias -Hx of cardiac arrest or resuscitation -Hx of unexplained syncope -Brain embolism of cardiac origin -concomitant HIV disease	1. Life limiting condition 2. Pt/family informed of condition 3. Pt/family elected palliative care 4. Progression of disease as documented by symptoms, V/S, and test results 5. Decline in Karnofsky Performance Status <50% 6. Weight loss >10%; decreased antropormorphic measures. 7. Dependence or assistance for two or more ADL's: -feeding -ambulation -transfer -bathing -continence -dressing 8. Dysphagia leading to inadequate nutritional intake. 9. Decline in (FAST) for dementia 10.Progressive stage 3-4 pressure ulcers 11. Multiple hospitalizations /Frequent ER visits in last year	1. Co-morbidities are present now or in the past year: -aspiration pneumonia -urinary tract infections -septicemia -decubitus ulcers -multiple ulcers stage 3 – 4 -fever, recurrent after antibiotics 2. Dysphagia, refusal to eat is sufficiently severe that patient cannot maintain fluids or calories intake to sustain life. 3. Patient with tube feedings has had this in place for some time yet there is: -progressive wt. loss >10% in last six months -serum albumin <2.5 gm/dl -< serum cholesterol and HCT 4. Patient is unable or unwilling to take food or fluids sufficient to sustain life; not a candidate for feeding tube or parenteral nutrition 5. Patient is at or beyond Stage Seven of the Functional Assessment Staging (FAST) Dementia: Alzheimer or Vascular (multi-infarct) type. Guidelines do not refer to acute, potentially reversible dementia or dementia related to drug intoxication, cancer, AIDS, stroke, or heart, renal, liver failure.