1.205.949.0400 or 1.866.697.0400
1.205.949.0405 FAX

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Home Hospice Services

National Hospice and Palliative Care Organization
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.

HIV Disease	***Liver Disease***	***Pulmonary Disease***	***Renal Disease***	***Stroke and Coma Diagnosis***
1. Has patient had a trail of protease inhibitor, antiviral, retroviral; if not a candidate for therapy, proceed. 2. CD4 count: - < 25 cells/mc/L -measured during period when pt. is relatively free of acute illness -observed disease progression and decline in functional status 3. Viral load: ->100,000 copies/ml -<100,000 copies/ml meet the following criteria -Pt. elected to forego treatment -functional status declining -Karnofsky rating <50% 4. Life-threatening complications: -CNS lymphoma -PML -cryptosporidiosis -wasting/wt. loss -untreated MAC bacteremia -kaposi's refractory to tx. -renal failure -toxoplasmosis 5. Factors which impact survival -chronic diarrhea -active substance abuse -CHF symptoms at rest -tuberculosis -serum albumin <2.5 gm/dl -age >50 years -treatment refusal -PCP -Cytomegalovirus -advanced AIDS dementia	1. Patient is <u>not</u> a candidate for liver transplantation 2. Laboratory indicators of severely impaired liver function 3. Clinical indicators of end stage liver disease -ascites -spontaneous bacterial peritonitis -hepatorenal syndrome -hepatic encephalopathy 4. Recurrent variceal bleeding patient should have re-bled despite therapy. 5. The following factor have been shown to worsen prognosis. -progressive malnutrition -continue active alcoholism -hepatitis B positive -muscle wasting with reduced strength and endurance -hepatocellular carcinoma -hepatitis C refractory to interferon treatment	1. Patient has severe lung disease: -dyspnea at rest -dyspnea on exertion -housebound, chair-bound -oxygen dependent -copious, purulent sputum -recurrent infections -severe cough 2. Poor response to bronchodilators 3. (FEV1) after bronchodilator, less than 30% of predicted 4. Frequent visit to ER and frequent hospitalizations in last 6 months 5. Decrease in FEV1 on serial testing 6. Presence of cor pulmonale or right heart failure due to lung disease. 7. Hypoxemic at rest with supplemental oxygen 8. Hypercapnia 9. Unintentional weight loss >10% of body weight in past 6 months 10. Resting tachycardia (heart rate >100minute)	1. Laboratory criteria for renal failure -Creatinine clearance of >10cc/min -serum creatinine >8.0mg/dl 2. Clinical signs, symptoms, and syndromes associated with renal failure. -uremia -confusion, obtundation -intractable nausea and vomiting -generalized pruritis -restlessness, "restless legs" -oliguria <400cc/24hrs. -intractable hyperkalemia; serum potassium >7.0 -uremic pericarditis -hepatorenal syndrome -intractable fluid overload 3. Hospitalized for ARF, co-morbid conditions: -mechanical ventilation -chronic lung disease -advanced liver disease -AIDS -cachexia -Age >75 -DIC -malignancy -advanced cardiac disease -sepsis -albumin <2.5 gm/dl -platelet count<25,000 -gastrointestinal bleeding	1. <u>Acute phase patients:</u> -Coma or persistent vegetative state -post-anoxic stroke, coma or severe obtundation, severe myoclonus -comatose patients with any four of the following: -abnormal brain stem -absent verbal response -absent withdrawal response to pain -serum creatinine >1.5 mg/dl -age >70 years old -Dysphagia severe enough to prevent patient from receiving food and fluids necessary to sustain life. -If available MRI may indicate decreased likelihood of survival. 2. <u>Chronic phase patients:</u> -Age >70 years old -Poor functional status; Karnofsky score <50% -Post stroke dementia as evidenced by FAST score >7 -Poor nutritional status -wt. loss > 10% last 6 mons. -serum albumin <2.5 gm/dl -aspiration pneumonia -freq. URI and UTI's -sepsis -refractory stage 3-4 decubitus ulcers -fever recurrent after antibiotics