



The following are **some, but not all**, of the signs, symptoms and lab that may indicate that a patient might be eligible for admission to Hospice:

General:

Recurrent pneumonia

Recurrent aspiration

Recurrent ER visits/hospitalizations

Large pressure ulcers

Progressive, unexplained weight loss

Need for assistance with two or more ADLs (Feeding, ambulation, continence, transfer, bathing, dressing)

Cancer:

Distant metastases

Progression of earlier disease either in spite of therapy, or patient declines further tx

Alzheimer's:

Unable to ambulate, dress, or bathe without assistance

Urinary and fecal incontinence

Verbal communication: not consistently meaningful; ability limited to six or fewer words

Aspiration pneumonia

Upper urinary tract infection

Septicemia

Stage 3-4 decubitus ulcers

Recurrent fever

Poor intake with 10% weight loss in 6 mos., or serum albumin < 2.5

Heart:

Optimally treated, or can't take some heart meds, or not candidate for heart surgery

NYHA class IV

EF < 20%

Resistant arrhythmias
Hx cardiac arrest
Hx unexplained syncope
Brain embolism heart origin

Liver:

INR >1.5
Alb <2.5
Refractory ascites
Spontaneous bacterial peritonitis
Hepatorenal syndrome
Encephalopathy
Variceal bleeds
Malnutrition/wasting
Continued ETOH

Lung:

Dyspnea refractory to tx
FEV1 < 30%
Sat on RA <88%
Cor pulmonale
Wt loss > 10% in 6 mos.
Resting HR >100

Chronic renal failure:

Not seeking dialysis or transplant
Cr Cl <10 (<15 if diabetic); <15 (<20 for DM) if have CHF
Cr >8.0 (>6.0 for DM)
K+ >7 and resistant to tx
Oliguria
Pericarditis

Intractable fluid overload

Stroke:

Wt loss >10% in 6mos or >7.5% in 3 mos

Alb <2.5

Aspiration

Dysphagia and decision not to artificially feed

Reference: CMS LCD L32015)

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