

Guidelines for End Stage Disease (Non-Cancer)

Pulmonary Disease

ALL of the following required:

- Severe chronic lung disease with:
 - Disabling dyspnea at rest, decreased functional capacity and poor bronchodilator response (FEV1 after bronchodilator <30% predicted, if available)
- Progression of end-stage disease with:
 - Increased ER or MD home visits
- OR**
- Hypoxemia at rest while on oxygen ($pO_2 \leq 55$; $O_2 \text{ sat} \leq 88$ on O_2) or Hypercapnea ($pCO_2 \geq 50$)
- Cor Pulmonale/right heart failure

Liver Disease

- PT > 5 seconds over control (INR > 1.5)
- OR**
- Serum albumin < 2.5 gm/dl
- AND ONE** of the following:
 - Ascites despite diuretics or patient noncompliant
 - Spontaneous bacterial peritonitis
 - Hepatorenal syndrome
 - Hepatic encephalopathy
 - Recurrent variceal bleeding

Heart Disease

- Class IV CHF, symptomatic at rest (Ejection Fraction < 20%) (if available)
- AND**
- Optimal diuretic and vasodilator therapy, as tolerated
- OR**
- Refractory angina resistant to medical therapy; Not a revascularization candidate or declines revascularization

Renal Disease

- Not seeking dialysis or renal transplant
- AND**
- Cr Cl < 10 cc/m (< 15 cc/m diabetics)
With CHF: Cr Cl < 15 cc/min (20 cc/m in diabetics)
- OR**
- Cr > 8 mg/dl (> 6 mg/dl diabetics)

Core Indicators

Physical Decline
Weight Loss
Multiple Comorbidities
Serum Albumin < 2.5 gm/dl
Dependence in most ADL's
Karnofsky Score < = 50%

Stroke, Acute Phase

- Coma or persistent vegetative state for ≥ 3 days **OR**
- In post-anoxic stroke, ≥ 3 days post-anoxic event, coma or severe obtundation with severe myoclonus **OR**
- Dysphagia preventing adequate intake w/o artificial feeding or hydration

Stroke, Chronic Phase

- Poor functional status (KPS ≤ 40)
- OR**
- Dementia (with **ALL** of the following):
 - FAST score > 7
- Unable to ambulate, dress, bathe without assistance
 - Urinary and fecal incontinence
 - Speech limited to ≤ 6 intelligible words
- OR** Poor nutritional status/weight loss > 10% in past 6 months or serum albumin < 2.5 gm/dl

Coma

- Coma or persistent vegetative state on day ≥ 3 , **AND ANY** 3 of the following:
 - Abnormal brain stem response
 - Absent verbal response
 - Absent withdrawal response to pain
 - Cr > 1.5 mg/dl

Failure to Thrive

For patients not meeting any other criteria, including Decline in Health Status:

- Decubiti
- Wt. < 80% ideal weight
- No feeding tube
- Not eating
- Frequent infections
- Serum albumin < 2.5 gm/dl
- Cholesterol < 156 mg/dl
- Hematocrit < 41 mg/dl

Guidelines for End Stage Disease (Non-Cancer) *continued*

ALS (Lou Gehrig's Disease)

Patients must meet one of the following three criteria:

- Critically impaired breathing capacity as demonstrated by **ALL** of the following occurring within the 12 months preceding initial hospice certification:
 - Vital capacity < 30% of normal
 - Dyspnea at rest
 - Requiring supplemental O₂ at rest
 - Patient declines artificial ventilation; external ventilation used for comfort only
- Rapid Progression of ALS **AND** critical nutritional impairment
 - Rapid progression of ALS as demonstrated by **ALL** of the following occurring within the 12 months preceding initial hospice certification.
 - Independent ambulation to wheelchair to bedbound
 - Normal to barely or unintelligible speech
 - Normal to pureed diet
 - Independent ADLs to needing major assistance
 - Critical nutritional impairment as demonstrated by **ALL** of the following occurring within the 12 months preceding initial hospice certification:
 - Oral intake of nutrients and fluids insufficient to sustain life
 - Continuing weight loss
 - Dehydration or hypovolemia
 - Absence of artificial feeding methods, sufficient to sustain life, but not for relieving hunger
- Rapid progression of ALS **AND** life-threatening complications
 - Rapid progression of ALS (see above)
 - Life-threatening complications as demonstrated by **ONE** of the following occurring within the 12 months preceding initial hospice certification:
 - Recurrent aspiration pneumonia (with or without tube feeding)
 - Upper urinary tract infections (e.g. pyelonephritis)
 - Sepsis
 - Recurrent fever after antibiotic therapy
 - Stage 3 or 4 decubitus ulcer(s)

Decline in Health Status

Patients with decline in health status must show decline in the clinical variables listed below:

- Progression** of disease as documented by symptoms, signs and test results.

- Decline** in Karnofsky Performance Status or Palliative Performance Score/Adapted Karnofsky (see Karnofsky Scale)
- Weight Loss; decreased anthropomorphic measurement (med-arm circumference, abdominal girth) not due to reversible causes such as depression or use of diuretics; decreasing serum albumin or cholesterol
- Dependence on assistance for **two or more** activities of daily living (ADLs)
 - Feeding
 - Ambulation
 - Continence
 - Transfer
 - Bathing
 - Dressing
- Dysphagia leading to inadequate nutritional intake (document by, for example, a trend established by comparing changes in food portion consumption)
- Recurrent aspiration
- Decline in systolic blood pressure to < 90 systolic or progressive postural hypertension
- Increasing emergency room visits or hospitalizations related to the hospice primary diagnosis
- Decline in Functional Assessment Staging (FAST) for dementia (see FAST scale)
- Progressive Stage 3-4 pressure ulcers in spite of optimal care

Dementia

- Stage 7 or beyond according to FAST scale (see FAST scale)
 - AND**
 - Unable to walk, dress or bathe without assistance
 - AND**
 - Unable to speak or communicate meaningfully, or using ≤ 6 meaningful words
- AND ONE** of the following complications within the past year:
 - Aspiration pneumonia
 - Pyelonephritis or other UTI infections
 - Septicemia
 - Multiple stage 3-4 decubitus ulcers
 - Recurrent fevers after antibiotics
 - Inability to maintain sufficient fluid and calorie intake
 - Weight loss > 10% despite tube feeds or albumin < 2.5 g/dl