

AIDS

CD4<25/ml
CD4>50/ml plus non-HIV comorbidities
Viral load>100,000/ml plus complications
Wasting syndrome
CNS lymphoma
PML (prog. multifocal leukoencephalopathy)
Cryptosporidiosis
MAC (mycobacterium avium complex)
Visceral Kaposi's sarcoma, unresponsive to treatment
Toxoplasmosis
Cytomegalovirus
AIDS dementia
Current substance abuse
Decision to forgo antiretroviral, chemotherapeutic and prophylactic drug therapy

Amyotrophic Lateral Sclerosis

Unable to walk, needs assistance with ADL's
Barely intelligible speech
Difficulty swallowing
Critical nutritional impairment
Declines feeding tube
Significant dyspnea at rest
Declines assisted ventilation
Medical complications – pneumonia, URI, sepsis

CVA and Coma

Decreased level of consciousness coma, persistent vegetative state beyond 3 days
Dysphagia
Age>70
PPS<= 40%
Paralysis
Post-stroke dementia
Impaired nutritional status (despite feeding tube, if present)
Medical complications present
Family wants palliative care

Dementia (Functional Assessment Staging 7)

Unable to walk without assistance
Urinary and fecal incontinence
Speech limited to <= 6 words/day
Unable to dress without assistance
Unable to sit up or hold head up
Complications: Aspiration pneumonia, UTI, sepsis, decubiti
Difficulty swallowing/eating
Impaired nutritional status with progressive weight loss regardless of artificial nutrition

Failure to Thrive/Debility Unspecified

Body Mass Index <= 22 kg/m2
Declining enteral/parenteral support
Not responding to nutritional support
PPS<= 40%
Multiple comorbidities

Heart disease – CHF

NYHA (New York Heart Association) Class IV
Discomfort with physical activity
Symptomatic despite maximal medical management with diuretics and vasodilators
Arrhythmias resistant to treatment
Ejection fraction <=20%
History of cardiac arrest
Cardiogenic embolic CVA

Non-Specific Terminal Illness

1. Decline is not attributable to a known primary disease process

AND

2. Rapid decline over the past 3-6 months evidenced by all of the following:
- o Progression of disease evidenced by symptoms, signs and test results
 - o Decline in PPS* to 50% or lower
 - o Weight loss not due to reversible causes and/or declining serum albumin levels

Liver Disease

No liver transplant
PTT > 5 sec above control
Serum albumin <2.5g/dl
Ascites despite maximum diuretics
Peritonitis
Hepatorenal syndrome
Encephalopathy with asterixis, somnolence, coma
Recurrent variceal bleeding
Progressive malnutrition with weight loss and muscle wasting

Pulmonary Disease – COPD

Dyspnea at rest
FEV1<30% after bronchodilators (if available)
Recurrent pulmonary infections
Cor pulmonale / right heart failure
pO2 <=55mm Hg; O2 sat <=88% (on O2)
Weight loss >10% in past 6 months
Resting tachycardia >100/min

Renal Disease

Creat. Clear. <10cc/min (<15cc/min in diabetics)
No dialysis, no renal transplant
Signs of uremia (confusion, nausea, pruritus, restlessness, pericarditis)
Intractable fluid overload
Oliguria <400cc/24 hrs
Hyperkalemia >7.0 mK/L not responsive to medical treatment

New York Heart Association (NYHA) Functional Classification

Class IV. Patients with cardiac disease resulting in inability to carry on any physical activity without discomfort. Symptoms of heart failure or of the anginal syndrome may be present even at rest. If any physical activity is undertaken, discomfort is increased.

PALLIATIVE PERFORMANCE SCALE (PPS)

%	Ambulation	Activity and Evidence of Disease	Self-Care	Intake	Level of Consciousness
100	Full	Normal activity, no evidence of disease	Full	Normal	Full
90	Full	Normal activity, no evidence of disease	Full	Normal	Full
80	Full	Normal activity with effort, some evidence of disease	Full	Normal or reduced	Full
70	Reduced	Unable to do normal work, some evidence of disease	Full	Normal or reduced	Full
60	Reduced	Unable to do hobby or housework, significant disease	Full	Normal or reduced	Full or confusion
50	Mainly in bed	Unable to do any work, extensive disease	Considerable assistance required	Normal or reduced	Full or confusion
40	Mainly in bed	Unable to do any work, extensive disease	Mainly assistance	Normal or reduced	Full, drowsy or confusion
30	Totally bed bound	Unable to do any work, extensive disease	Total care	Reduced	Full, drowsy or confusion
20	Totally bed bound	Unable to do any work, extensive disease	Total care	Minimal sips	Full, drowsy or confusion
10	Totally bed bound	Unable to do any work, extensive disease	Total care	Mouth care only	Drowsy or coma
0	Death				

END-STAGE DISEASE INDICATORS FOR NON-CANCER DIAGNOSIS



Functional Assessment Staging (FAST) for Dementia (Check highest consecutive level of disability)

- 1. No difficult either subjectively or objectively.
- 2. Complains of forgetting location of objects. Subjective work difficulties.
- 3. Decreased job functioning evident to co-workers. Difficulty in traveling to new locations. Decreased organizational capacity.
- 4. Decreased ability to perform complex tasks. e.g., planning dinner for guests, handling personal finances (such as forgetting to pay bills), difficulty marketing, etc.
- 5. Requires assistance in choosing proper clothing to wear for the day, season or occasion, e.g. patient may wear the same clothing repeatedly, unless supervised.
- 6. A) Improperly putting on clothes without assistance or cuing (e.g., may put street clothes on over night clothes, or put shoes on wrong feet, or have difficulty buttoning clothing) occasionally or more frequently over the past two weeks.
B) Unable to bathe properly (e.g. difficulty adjusting bath-water temperature) occasionally or more frequently over the past weeks.
C) Inability to handle mechanics of toileting (e.g. forgets to flush the toilet, does not wipe properly or properly dispose of toilet tissue) occasionally or more frequently over the past few weeks.
- D) Urinary incontinence (occasionally or more frequently over the past weeks).
- E) Fecal incontinence (occasionally or more frequently over the past weeks).
- 7. A) Ability to speak limited to approximately a half a dozen intelligible different words or fewer, in the course of an average day or in the course of an intensive interview.
B) Speech ability is limited to the use of a single intelligible word in an average day or in the course of an intensive interview (the person may repeat the word over and over).
C) Ambulatory ability is lost (cannot walk without personal assistance).
D) Cannot sit up without assistance (e.g., the individual will fall over if there are no lateral rests (arms) on the chair).
E) Loss of ability to smile.
F) Loss of ability to hold up head independently.

This brochure is provided to assist physicians to determine when patients qualify and are appropriate for hospice services. These guidelines serve as a starting point to use in determining prognosis. Increased access to hospice care for patients with diagnoses across the medical spectrum is our goal.



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