

General Hospice Eligibility Guidelines

Consider hospice if a patient meets 2 or more with a qualifying diagnosis:

- ✓ Dependent in 2-3 of 6 ADLs
- ✓ SOB or fatigue at rest/minimal exertion
- ✓ Multiple ED visits or hospitalizations
- ✓ 10% weight loss in 6 months
- ✓ Recurrent falls with injury
- ✓ Decreased tolerance in physical activity

Diagnosis-Specific Hospice Eligibility Guidelines

Sepsis

- ✓ Hospice-eligible but not previously identified. Prognosis worsens with the following complications:
 - Vasopressors
 - Mechanical ventilation
 - Hyperlactemia
 - Acute kidney injury
 - Hepatic injury
 - Thrombocytopenia

Alzheimer's Disease and other Dementias

- Consider hospice if patient meets both:
- ✓ Fast TC or beyond and recurrent aspiration
 - ✓ One of these complications:
 - Pneumonia
 - Recurrent UTI
 - Sepsis
 - Weight loss 10%
 - Two stage 3 or 4 pressure ulcers
 - Hip fracture
 - Swallowing difficult
 - Feeding tube decision
 - Delirium (frequent episodes)

Lung Disease

- Consider hospice if patient meets both:
- ✓ Dyspnea at rest and/or with minimal exertion while on oxygen therapy with little or no response to bronchodilators
 - ✓ One of these disease progressions:
 - Frequent ED visits and/or hospitalizations
 - Cor pulmonale/progressive weight loss

Cancer

- Consider hospice if patient meets both:
- ✓ Spend 50% of time in bed or chair during waking hours
 - ✓ No longer pursuing chemotherapy and/or immunotherapy

Heart Disease

- Consider hospice if patient meets all:
- ✓ NYHA Class III or IV (Fatigue, angina, or dyspnea at rest and/or with minimal exertion)
 - ✓ Multiple ED visits and hospitalizations
 - ✓ Not a surgical candidate

Liver Disease

- Consider hospice if patient meets both:
- ✓ INR > 1.5 and serum albumin ≤ 2.5 g/dL
 - ✓ One of these complications:
 - Recurrent ascites
 - Spontaneous Bacterial Peritonitis (SBP)
 - Hepatic encephalopathy
 - Variceal bleed
 - Weight loss 10%
 - HRS

Diagnosis-Specific Hospice Eligibility Guidelines (Cont.)

Stroke or Coma

Consider hospice if patient meets both:

- ✓ PPS ≤ 40%
- ✓ ≥10% weight loss in 6 months or serum albumin < 2.5 g/dL

Supporting evidence

- Abnormal brain stem response
- Absent verbal response
- Absent withdrawal to pain

Renal Failure

Consider hospice if patient meets all:

- ✓ Not seeking dialysis or transplant
- ✓ Creatinine clearance < 10cc
- ✓ Serum creatinine > 8 (>6 for dialysis)

Supporting evidence

- Uremia, fluid overload
- Encephalopathy, electrolyte imbalances

% Ambulation	Activity Level Evidence of Disease	Self-Care	Intake	Level of Consciousness	Estimated Median Survival in Days			
					A	B	C	
100	Full	Normal <i>No Disease</i>	Full	Normal	Full			
90	Full	Normal <i>Some Disease</i>	Full	Normal	Full		N/A	
80	Full	Normal with Effort <i>Some Disease</i>	Full	Normal or Reduced	Full		N/A	108
70	Reduced	Can't do normal job/work <i>Some Disease</i>	Full	Normal or Reduced	Full	145		
60	Reduced	Can't do hobbies/housework <i>Significant Disease</i>	Occasional Assistance Needed	Normal or Reduced	Full or Confusion	29	4	
50	Mainly sit/lie	Can't do any work <i>Extensive Disease</i>	Considerable Assistance Needed	Normal or Reduced	Full or Confusion	30	11	
40	Mainly in Bed	Can't do any work <i>Extensive Disease</i>	Mainly Assistance	Normal or Reduced	Full or Drowsy or Confusion	18	8	41
30	Bed Bound	Can't do any work <i>Extensive Disease</i>	Total Care	Reduced	Full or Drowsy or Confusion	8	5	
20	Bed Bound	Can't do any work <i>Extensive Disease</i>	Total Care	Minimal sips	Full or Drowsy or Confusion	4	2	
10	Bed Bound	Can't do any work <i>Extensive Disease</i>	Total Care	Mouth care only	Drowsy or Coma	1	1	6
0	Death	0	—	—	—	—	—	—

A) Survival post-admission to an inpatient palliative unit, all diagnoses (Vink 2002). B) Days until inpatient death following admission to an acute hospice unit, diagnoses not specified (Anderson 1996). C) Survival post admission to an inpatient palliative unit, cancer patients only (Morita 1999).

Functional Assessment Scale (FAST)

1	No difficulty 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 task, (e.g., planning dinner for guests, handling personal finances, such as forgetting to pay bills, etc.)
5	Requires assistance in choosing proper clothing to wear for the day, season or occasion, (e.g. pt may wear the same clothing repeatedly, unless supervised.*
6	Occasionally or more frequently over the past weeks. * for the following A) Improperly putting on clothes without assistance or cueing . B) Unable to bathe properly (not able to choose proper water temp) C) Inability to handle mechanics of toileting (e.g., forget to flush the toilet, does not wipe properly or properly dispose of toilet tissue) D) Urinary incontinence E) Fecal incontinence
7	A) Ability to speak limited to approximately ≤ 6 intelligible different words 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 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 not lateral rests [arms] on the chair.) E) Loss of ability to smile. F) Loss of ability to hold up head independently.

*Scored primarily on information obtained from a knowledgeable informant. Psychopharmacology Bulletin, 1988 24:653-659.

*For dementia only diagnosis the patient must be 7C