HOSPICE BY THE BAY

*Caring for Generations*

# Hospice Diagnosis Guidelines

Local Coverage Determinations (LCD's)

***Determining Patient's Prognosis of six months or less***

## General Decline and Debility

- Weight loss of at least 10% body weight in prior six months, not due to reversible causes. If unable to weigh, mid-arm circumference/recumbent measurements or observations, such as skin turgor or clothing fit, can be used to determine weight loss.
- Recurrent or intractable serious infections such as Pneumonia, Sepsis or Pyelonephritis.
- Dysphagia leading to decreased oral intake or recurrent aspiration.
- Decreasing serum albumen or cholesterol.
- Worsening of dyspnea with increased respiratory rate, intractable cough, N/V, intractable diarrhea, and worsening of pain that requires frequent increases in medication.
- Increased weakness.
- Decline in B/P below 90, progressive postural hypotension.
- Worsening of Ascites.
- Venous, arterial or lymphatic obstruction due to metastasis or disease progression.
- Worsening of Edema.
- Pleural/pericardial effusion.
- Change of level of consciousness.
- Metastasis or disease progression.
- Labs *(not a requirement)*, if available:
  - Increasing pCO2 or decreasing pO2 or decreasing SaO2.
  - Increasing calcium, creatinine or liver function tests.
  - Increasing tumor makers (CEA or PSA).
  - Increasing or decreasing serum sodium or increasing serum potassium.
- Decline in Karnofsky Scale or Palliative Performance Scale value <70%.
- Decline in Functional Assessment (FAST) for dementia.
- Progressive dependence in ADLs (dependence on assistance for two out of six).

Progressive Stage 3-4 pressure ulcers.

- Increased ER visits, hospitalizations or MD visits related to hospice diagnosis.

### Co-Morbidities likely to contribute to a life expectancy of six months or less *(including, but not limited to)*

- COPD
- Renal Failure
- CHF
- Liver Disease
- Ischemic Heart Disease
- Refractory severe autoimmune disease (e.g. Lupus or Rheumatoid Arthritis)
- Diabetes Melitus
- AIDS
- Neoplasia
- Neurologic Disease, CVA, ALS, or Parkinson's
- Dementia

**Non-Disease Specific Baseline** can substantiate a patient's prognosis by ***documenting in combination*** with **"Disease Specific" guidelines.** They do not qualify on their own.

- Karnofsky or Palliative Performance Scale < 70% (lower for HIV/stroke/coma)
- Dependent two out of six Activities of Daily Living (ADLs)

## Dementia

*(Specific to Alzheimer's disease and related disorders; not for other types, such as multi-infarct dementia)*

**All of the following characteristics should be present:**

- Stage 7 or above on FAST scale,
- Unable to ambulate/dress/bathe without assistance,
- Incontinence, intermittent or constant, and
- Ability to speak is limited to six or fewer intelligible words.

**One of the following in the past 12 months:**

- Weight loss 10% past six months or serum albumin <2.5,
- Aspiration pneumonia,
- Pyelonephritis,
- Septicemia,
- Decubitus ulcers, multiple, Stage 3-4, or
- Fever recurrent after antibiotics.

## Heart Disease

**All the following should be present:**

- Pt has been optimally treated for heart disease, or is not a candidate for surgical procedures, or refuses procedures,
- CHF or Angina need to meet criteria for New York Heart Association Class IV, and
- If data available, CHF with an ejection fraction of 20%.

**Factors lending support to terminal diagnosis:**

- Treatment-resistant, symptomatic, supraventricular or ventricular arrhythmias,
- History of cardiac arrest or resuscitation,
- History of unexplained syncope, or
- Brain embolism of cardiac origin and concomitant HIV.

## Stroke

- Karnofsky or Palliative Performance Scale <40%.

**Inability to maintain intake with one of the following:**

- Weight loss of >10% in past six months or >7.5% in past three months,
- Dysphagia preventing patient from continuing fluids/foods necessary to sustain life. Patient not receiving artificial hydration and nutrition,
- Serum Albumin <2.5% gm/dl,
- Current history of pulmonary aspiration not responsive to speech therapy, or
- Inadequate caloric/fluid intake documentation by sequential calorie counts.

## Pulmonary Disease

**All the following should be present:**

- Disabling dyspnea at rest, poor or unresponsive to bronchodilators, resulting in decline in abilities, bed-to-chair existence, fatigue and cough,
- Increased ER visits, hospitalizations or MD visits for infections or respiratory failure, and
- Hypoxemia at rest on room air, p02 < or =55 mmHg, or 02 sat < or =88% on supplemental 02 or Hypercapnia, pCO2 > or =50 mmHg (may be obtained by hospital records from within three months)

**Factors also lend support to terminal diagnosis:**

- Right Heart Failure (RHF) secondary to pulmonary disease,
- Progressive weight loss of >10% past six months,
- Resting tachycardia >100/min.

## Renal Failure (Chronic)

### Signs and Symptoms of renal failure:

- Oliguria <400cc/24 hours
- Uremia
- Hyperkalemia > 7.0, not responsive to treatment
- Intractable fluid overload, not responsive to treatment
- Uremic pericarditis
- Hepatorenal syndrome

## Cancer

- Disease with distant metastases at presentation, ***or*** Progression of disease to metastatic disease with continued decline in spite of related therapies (palliative chemotherapy or radiation) ***or*** patient refusing further disease-related therapy.
- Cancers with poor prognoses, such as small cell lung cancer, brain cancer and pancreatic, may be eligible without fulfilling other criteria in this section.

## Renal Failure

- Patient no longer pursing dialysis or renal transplant.

### One of the following:

- Creatinine clearance <10cc/min (<15 for diabetics), or <15 (<20 for diabetics) with comorbidity of CHF,
- Serum creatinine >8.0 mg/dl (>6.0 for diabetics), or
- GFR <10ml/min.

### Following adds to support prognosis:

- GI bleeding
- AIDS
- Chronic lung disease
- Sepsis
- Advanced cardiac disease
- Disseminated intravascular coagulation
- Advanced liver disease
- Malignancy in another organ
- Albumin <3.5gm/dl
- Vent
- Platelet count <25,000

## Liver Disease

### All the following should be present:

- Prothrombin time prolonged more than five seconds or INR >1.5, and
- Serum Albumin <2.5 gm/dl

### End-stage liver disease with at least one of the following:

- Ascities, refractory to treatment or patient non-compliant,
- Spontaneous bacterial peritonitis,
- Hepatorenal syndrome: elevated Creatinine and BUN with oliguria <400ml/day and urine sodium concentration <10mEq/l,
- Hepatic encelphalopathy, refractory to treatment or patient non-complaint, or
- Recurrent variceal bleeding.

### Factors needing documentation:

- Progressive malnutrition
- Muscle wasting
- Active alcoholism
- Hepatocellular Carcinoma
- Hepatitis B
- Hepatitis C refractory to interferon treatment

# ALS

Two critical factors in determining prognosis are ability to breathe and, to a lesser extent, ability to swallow. Neurologist examination within three months is advised.

**Patients are considered eligible for hospice care if they do not elect tracheostomy and invasive ventilation, and display evidence of critically impaired respiratory function (with or without use of NIPPV), and/or severe nutritional insufficiency (with or without use of gastrostomy tube).**

**Critical factors in determining prognosis are:**

- Breathing capacity critically impaired for 12 months prior to hospice certification.
- Vital capacity (VC) <40% of normal and **two of the following.** If (FVC) unable to perform, **document three or more of the following:**
  - Dyspnea at rest,
  - Respiratory rate > 20min,
  - Use of accessory respiratory musculature,
  - Paradoxical abdominal motion,
  - Orthopnea,
  - Reduced speech/vocal volume,
  - Weakened cough,
  - Frequent awakening,
  - Sleep disordered breathing; frequent awakening,
  - Excessive sleepiness or somnolence in daytime, or
  - Unexplained confusion, headaches, anxiety or nausea.

**Severe nutritional impairment defined:** Dysphagia with at least 5% of body weight without election of feeding tube.

**These revised criteria rely less on the measured FVC and, as such, reflect the reality that not all patients with ALS can or will undertake regular pulmonary function tests.**

# Coma

### Three of the following on Day Three of coma:

- Absent verbal response,
- Absent withdrawal response to pain,
- Abnormal brain stem response, or
- Serum creatinine >1.5mg/dl

### Factors supporting eligibility for hospice:

- Progressive clinical decline within past 12 months (medical complications)
- Aspiration pneumonia
- Sepsis
- Upper UTI (Pyelonephritis)
- Refractory Stage 3-4 decubitus ulcers
- Fever recurrent after antibiotics
- Diagnostic imaging factors supporting prognosis after stroke:

  **Non-Traumatic hemorrhagic stroke**: Large-volume hemorrhage on CT; Infratentorial= 20ml, Supratentorial = 50ml/Ventricular extension/Surface area = 30% of cerebrum/ Midline shift = 1.5cm/Obstructive hydrocephalus in pt who declines or not candidate for ventriculoperitoneal shunt.

  **Thrombotic/embolic stroke**: Large anterior infarcts with both cortical and subcortical involvement/large bihemispheric infarcts/ basilar artery occlusion/bilateral vertebral artery occlusion.

# HIV

CD4+ count <25 cells/mcl or persistent viral load >100,000 copies/ml,
**plus one of the following:**

- Disease persistent despite treatment, wasting (weight loss 10% of lean body mass),
- CNS lymphoma,
- Progressive multifocal leukoencephalopathy,
- MAC bacteremia, unresponsive to treatment or treatment refused,
- Systemic lymphoma, with advanced HIV disease and partial response to chemotherapy,
- Unresponsive Visceral Kaposi's,
- Cryptosporidium infection,
- Unresponsive Toxoplasmosis,
- Renal Failure in absence of dialysis, or
- Karnofsky Performance scale 50% or less.

**Following adds to support prognosis:**

- Age >50 years
- Persistent chronic diarrhea for one year
- Persistent serum albumin <2.5
- Active substance abuse
- Advanced AIDS dementia
- Advanced Liver disease
- CHF, symptomatic at rest
- Toxoplasmosis


HOSPICE BY THE BAY

**TOLL-FREE PHONE LINES**
**Admissions: (888) 720-2111**
**Fax: (888) 767-1919**

**Marin** 17 E. Sir Francis Drake Blvd.,
Larkspur, CA 94939 • (415) 927-2273

**San Francisco** 1902 Van Ness Ave., 2nd Floor,
San Francisco, CA 94109 • (415) 626-5900

**Sonoma** 190 W. Napa St.,
Sonoma, CA 95476 • (707) 935-7504


**Hospice By The Bay is here for you, your patients, and their families to discuss end-of-life options and hospice support.**

You've taken care of your patients' health care needs. Now comes the hard part – telling them they are facing a life-limiting illness.

Ask yourself, "Is it time to add the additional resources that a referral to hospice would provide the patient and their family?" Medicare covers up to six months of hospice support.

**Comfort and Quality of Life Become More Important than Aggressive Treatment**

The focus of hospice and palliative care is on treating symptoms rather than the disease, allowing for maximum comfort to be achieved.

**Refer to Hospice Early**

Many patients and families tell us they wish they had started hospice support earlier in their course of care. We will work with you to create a Plan of Care specific to your patient's needs.

Hospice By The Bay's Medical Directors are here to partner with you. Contact us today for a consultation, to discuss a referral, or to help you start the conversation with your patients.

**HOSPICE BY THE BAY MEDICAL DIRECTORS**

Alan Margolin, MD

Molly Bourne, MD

***www.hospicebythebay.org***