Please note that patients DO NOT have to be homebound to receive hospice services.

**General (Non-Specific) Terminal Illness**
Terminal condition cannot be attributed to a single specific illness.

Rapid decline over past three to six months evidenced by:
- Progression of disease evidenced by sx, signs and test results
- Decline in PPS to ≤ 50%
- Involuntary weight loss >10% and/or Albumin <2.5 (helpful)

**Adult Failure to Thrive**
Patient meets ALL of the following:
- Palliative performance scale ≤ 40%
- BMI <22
- Patient refuses enteral or parenteral nutrition support or has not responded to nutritional support, despite adequate caloric intake

**Cancer**
Patient meets ALL of the following:
- Clinical findings of malignancy with widespread, aggressive or progressive disease as evidenced by increasing sx, worsening lab values and/or evidence
- of metastatic disease
- Palliative performance Scale (PPS) ≤ 70%
- Refuses further life-prolonging therapy OR continues to decline in spite of definitive therapy
- Supporting documentation includes:
  - Hypercalcemia > 12
  - Cachexia or weight loss of 5% in past three months
  - Recurrent disease after surgery/radiation/chemotherapy
  - Signs and sx of advanced disease (e.g. nausea, requirement for transfusions, malignant ascites or pleural effusion, etc.)
HOSPICE: COMMON PROGNOSTIC INDICATORS

Dementia

The patient has both 1 and 2.

1. Stage 7C or beyond according to the FAST Scale
2. One or more of the following conditions in the 12 months:
   - Aspiration
   - Pneumonia
   - Pyelonephritis
   - Septicemia
   - Multiple pressure ulcers (stage 3-4)
   - Recurrent Fever

Other significant condition that suggests a limited prognosis: Inability to maintain sufficient fluid and calorie intake in the past six months (10% weight loss or albumin < 2.5 gm/dl)

Heart Disease

The patient has 1, and either 2 or 3.

1. CHF with NYHA Class IV* sx and both: Significant sx at rest and inability to carry out even minimal physical activity without dyspnea or angina
2. Patient is optimally treated (e.g. diuretics, vasodilators, ACEI, or hydralazine and nitrates)
3. The patient has angina pectoris at rest, resistance to standard nitrate therapy, and is either not a candidate for/or has declined invasive procedures

Supporting documentation includes:

- EF ≤ 20%
- Treatment resistant symptomatic dysrhythmias
- h/o cardiac related syncope
- CVA 2/2 cardiac embolism
- h/o cardiac resuscitation
- Concomitant HIV disease
Liver Disease

The patient has both 1 and 2.

1. End stage liver disease as demonstrated by A or B, & C:
   - A. PT > 5 sec
   - B. INR > 1.5 AND
   - C. Serum albumin < 2.5 gm / dl

2. One or more of the following conditions:
   - Refractory Ascites
   - h/o spontaneous bacterial peritonitis
   - Hepatorenal syndrome
   - Refractory hepatic encephalopathy
   - h/o recurrent variceal bleeding

Supporting documents includes:

   - Progressive malnutrition
   - Muscle wasting with decreased strength
   - Ongoing alcoholism (> 80 gm ethanol/day)
   - Hepatocellular CA HBsAg positive
   - Hep. C refractory to treatment

Pulmonary Disease

Severe chronic lung disease as documented by 1, 2 and 3.

1. The patient has all of the following:
   - Disabling dyspnea at rest, little or no response to bronchodilators
   - Decreased functional capacity (e.g., bed to chair existence, fatigue and cough)

2. Progression of disease as evidenced by a recent h/o increasing office, home, or ED visits and/or hospitalizations for pulmonary infection and/or respiratory failure.

3. Documentation within the past three months ≥1:
   - Hypoxemia at rest on room air (pO2 < 55 mmHg by ABG) or oxygen saturation < 88%
HOSPICE: COMMON PROGNOSTIC INDICATORS

- Hypercapnia evidenced by pCO2 > 50 mmHg

Supporting documentation includes:
- Cor pulmonale and right heart failure
- Unintentional progressive weight loss

Neurologic Disease

(Chronic degenerative conditions, such as ALS, Parkinson’s, Muscular Dystrophy, Myasthenia Gravis or Multiple Sclerosis)

The patient must meet at least one of the following criteria (1 or 2A or 2B):

1. Critically impaired breathing capacity, with all:
   - Dyspnea at rest
   - Vital capacity < 30%
   - Need oxygen at rest
   - Patient refuses artificial ventilation

2. Rapid disease progression with either A or B below:
   Progression from: independent ambulation to wheelchair, or bed-bound status normal to barely intelligible, or unintelligible speech normal to pureed diet, independence in most ADLs to needing major assistance in all ADLs
   
   A. Critical nutritional impairment demonstrated by all of the following in the preceding 12 months:
      - Oral intake of nutrients and fluids insufficient to sustain life
      - Continuing weight loss
      - Dehydration or hypovolemia
      - Absence of artificial feeding methods

   B. Life-threatening complications in the past 12 months as demonstrated by ≥1:
      - Recurrent aspiration pneumonia
      - Pyelonephritis
      - Sepsis
      - Recurrent fever
      - Stage 3 or 4 pressure ulcer(s)
Renal Failure

The patient has 1, 2 and 3.

1. The patient is not seeking dialysis or renal transplant
2. Creatinine clearance* is $< 10\text{ cc/min}$
   ($<15$ for diabetics)
3. Serum creatinine $> 8.0\text{ mg/dl}$
   ($> 6.0\text{ mg/dl}$ for diabetics)

Supporting documentation for chronic renal failure includes:

- Uremia
- Oliguria (urine output $< 400\text{ cc}$ in 24 hours)
- Intractable hyperkalemia ($> 7.0$)
- Uremic pericarditis
- Hepatorenal syndrome
- Intractable fluid overload

Supporting documentation for acute renal failure includes:

- Mechanical ventilation
- Malignancy (other organ system)
- Chronic lung disease
- Advanced cardiac disease
- Advanced liver disease

Stroke or Coma

The patient has both 1 and 2.

1. Poor functional status PPS* $\leq 40\%$
2. Poor nutritional status with inability to maintain sufficient fluid and calorie intake with $\geq 1$ of the following:
   - $\geq 10\%$ weight loss in past six months
   - $\geq 7.5\%$ weight loss in past three months
   - Serum albumin $< 2.5\text{ gm/dl}$
Current history of pulmonary aspiration without effective response to speech therapy interventions to improve dysphagia and decrease aspiration events

Supporting documentation includes:

- Coma (any etiology) with three of the following on the third (3rd) day of coma: Abnormal brain stem response
- Absent verbal responses
- Absent withdrawal response to pain Serum creatinine
- 1.5 gm/dl

800-924-2273 or ssmhealth.com/HomeHealthReferrals
Information contained in this document is accurate as of its date of publication (12/9/2019).