

**This brochure summarizes the common indicators of non-cancerous end-stage disease for which hospice may be indicated.**

Hospice is an appropriate recommendation when curative therapies are not likely to be effective or when the patient determines that the adverse effect of aggressive curative treatment outweighs the benefits.

**Criteria for Admission:**

- Life expectancy of 6 months or less if the illness runs its course
- Patient desires treatment that focuses on comfort and quality of life
- Patient who wants to stay at home (whether this be their own home or a facility) as long as possible

**Core Indicators**

Your patient may exhibit one or more of the following core end-disease-specific indicators:

- Recent Physical Functional Decline
  - Dependence in most activities of daily living (ADL)
  - Reduction in functional scale assessments (PPS or KFS)
- Recent Nutritional Decline
  - Weight loss not due to reversible causes such as depression
  - Decreasing serum albumin or cholesterol
  - Dysphagia resulting in aspiration and/or inadequate nutritional intake
- Other Important Factors
  - Multiple co-morbidities, particularly with advanced age (over 80)
  - Multiple ER/hospitalizations in the past six months
  - A desire for comfort-oriented care and transitioning away from more aggressive treatments

**Earlier Referral Gives Patients an Opportunity to Improve Their Quality of Life and Achieve a "Good Death."**

Hospice improves the management of pain and symptoms in the setting of end-stage illness and the dying process.

The interprofessional team caring for hospice patients can help with life closure, legacy building, relationship closure, and existential concerns that are common at the end of life.

Hospice care focuses on the loved ones supporting the hospice patient during the caregiving and beyond their loss.

**GET IN TOUCH WITH US**

 800-975-5501

 [www.hopva.org](http://www.hopva.org)



YOUR PEACE  
OUR PURPOSE

To learn more about our Palliative Medicine program, which provides in-home treatment for patients not eligible for hospice, call:  
434-423-0700

# When to Consider a Hospice Referral

A practitioner's guide for non-cancer diagnoses



# Common Indicators of End-Stage Disease

## Dementia:

- Unable to walk without assistance
- Urinary and fecal incontinence, intermittent or constant
- No consistently meaningful verbal communication (stereotypical phrases only or speech limited to <6 words per day)
- Unable to dress or bathe without assistance
- Complications: aspiration pneumonia, UTI, sepsis, decubiti
- Difficulty swallowing/eating
- Nutritional status poor
- Weight loss >10% in the last 6 months, severe nutritional insufficiency with dysphagia

## Renal Disease

- Creatinine clearance < 15cc/min
- Serum creatinine > 8 mg/dl (> 6 mg/dl for diabetics)
- Neither a dialysis nor renal transplant candidate
- Signs of uremia
- Intractable fluid overload, not responsive to treatment
- Oliguria, 400 cc/24 hours
- Cessation of renal dialysis
- Estimated glomerular filtration rate, 10 naming

## Liver Disease

- Not a liver transplant candidate
- PT > 5 sec above control, or INR > 1.5
- Serum albumin < 2.5g/dl
- Ascites despite maximum diuretics
- Progressive malnutrition
- Hepatorenal syndrome
- Encephalopathy despite treatment or is non-compliant
- Recurrent variceal bleeding

## Heart Disease

- Classified as NYHA Class IV
- Angina or dyspnea with physical activity
- Arrhythmia resistant to treatment
- Ejection fraction < 20% (Helpful, not required)
- History of cardiac arrest
- Cardiogenic embolic stroke
- Patient already optimally treated with diuretics and vasodilators
- Persistent symptoms of heart failure despite maximal medical management

## Stroke and Coma

- Needs assistance with ADLs
- Weight loss >10% in last 6 months
- Coma, persistent vegetative state > 3 days
- Dysphagia (severe enough to prevent intake)
- Paralysis
- Post-stroke dementia
- Pulmonary aspiration
- Dysphagia
- Karnofsky's Performance Scale or Palliative Performance Scale of 40% or less
- Progressive malnutrition
- Inability to maintain hydration and caloric intake

## End Stage AIDS

- CD4+ Count <25cells/UI or
- Persistent viral load >100,000 copies/ml plus one or more of the following complications:
- CNS Lymphoma
- MAC untreated or persistent despite treatment
- Wasting (loss of 33% of lean body mass)
- Renal failure in the absence of dialysis
- Visceral Kaposi's sarcoma unresponsive to treatment
- Toxoplasmosis, unresponsive to therapy
- Karnofsky core of 50% or less

## Pulmonary Disease – COPD

- Dyspnea at rest with decreased functional capacity
- FEV1 < 30% after bronchodilators (helpful, not required)
- Poorly or non-responsive to bronchodilators
- Recurrent pulmonary infections
- Cor pulmonale/right heart failure
- PaO2 <55mmHG SaO2 <88%; PaCO2 > 50mmHg
- Weight loss >10% in past 6 months
- Resting tachycardia >100/min
- Progressive hospitalizations, more ER visits
- Right-sided heart failure secondary to pulmonary disease
- Progressive end-stage pulmonary disease

## Amyotrophic Lateral Sclerosis (ALS)

- Declines ventilator (required)
- Weight loss >5% in last 6 months
- FVC >40% and 3 or more of the following symptoms and/or signs:
- Dyspnea at rest
- Orthopnea
- Respiratory rate >20
- Use of accessory musculature
- Weakened cough
- Daytime somnolence/excessive daytime sleepiness
- Headaches, confusion, anxiety
- Reduced speech and/or vocal volume
- Recurrent aspiration pneumonia
- Stage 3 or 4 decubitus ulcer