Hospice Criteria Guidelines

There is no restriction as to what diagnoses are appropriate for hospice. The list given below provides guidance in common diagnoses. In some situations, patients will meet some, but not all of the criteria in a given category. These patients may still be considered appropriate for hospice (life expectancy of six months or less) if there are additional comorbidities or if there has been a rapid decline in the patient's condition. Please call **(505) 559-1000** for more information.

Stroke

- Palliative Performance Scale of 40% or less
- Poor nutritional status with any of the following:
  - weight loss over 10% in the past six months or 7.5% in the last three months
  - Serum albumin of less than 2.5 gm/dl
  - Current history of pulmonary aspiration

Coma

Comatose patient with any three of the following on day three of the coma:

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

Dementia

Stage 7 or greater on the FAST scale and a secondary or comorbid condition that contributes to the patients prognosis of six months or less. Examples of secondary conditions are:

- Aspiration pneumonia
- Pyelonephritis or other UTI
- Decubitus ulcers
- Inability to maintain sufficient fluid or calorie intake

Failure to Thrive

- The patient declines or is not responding to enteral or parenteral nutritional support
- Body Mass Index below 22kg/m^2 BMI (kg/m^2) = 703 x (weight in pounds) divided by (height in inches)^2
- Palliative Performance Scale equal to or less than 40% (patient mainly in bed, requires assistance with ADLs)

Liver Disease

- Prothrombin time prolonged more than 5 seconds over control or INR > 1.5
- Serum albumin less than 2.5 gm / dl
- At least one of the following
  - Ascites
  - Hepatic encephalopathy
  - History of recurrent variceal bleeding
  - Spontaneous bacterial peritonitis
  - Hepatorenal syndrome

ALS

- Diagnosis of ALS that includes specific structural / functional impairments together with any relevant activity limitations
- Secondary condition such as
  - Dysphagia
  - Pneumonia
  - Pressure Ulcers
  - COPD

Heart Disease

- Poor response to optimal treatment with diuretics, vasodilators, or ace inhibitors
- Presence of NYHA Class IV CHF or refractory angina
- Ejection fraction of less than 20% (helpful, but not required)
- Not a candidate for, or has declined, revascularization procedures

Renal Disease

- Patient is not seeking dialysis
- Identification of specific structural / functional impairments, together with any relevant activity limitations
- Secondary or comorbid condition such as:
  - hyperparathyroidism
  - calciphylaxis
  - nephrogenic systemic fibrosis
  - electrolyte abnormalities
  - anorexia
  - coronary heart disease
  - peripheral vascular disease

Pulmonary Disease

- Decreased functional capacity
- Evidence of dyspnea at rest or with minimal exertion
- Progression of disease

Nonspecific Terminal Illness

- Recent rapid clinical decline and disease progression
- Decline in functional status
- Weight loss
- Dependence on assistance for two or more ADLs
- Recurrent aspiration
- Increase in ER visits or hospitalizations
- Progression of cognitive impairment

Palliative Performance Scale (PFS) at 40%

%	Ambulation	Activity and Evidence of Disease	Self-Care	Intake	Level of Conscious
40	Mainly in bed	Unable to do any work, extensive disease	Total Care	Normal or Reduced	Any
30	Totally bed bound	Unable to do any work, extensive disease	Total Care	Reduced	Any
20	Totally bed bound	Unable to do any work, extensive disease	Total Care	Minimal sips	Any
10	Totally bed bound	Unable to do any work, extensive disease	Total Care	Mouth care only	Drowsy or coma
0	Dead	–	–	–	–

Functional Assessment Staging (FAST) at 7 or greater

Check highest consecutive level of disability

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 not lateral rests [arms] on the chair).

___E. Loss of ability to smile

___F. Loss of the ability to hold head up independently.

*Scored primarily on the basis of information obtained from knowledgeable informant and/or category.
Reisberg B. Functional Assessment staging (FAST) Psychopharmacology Bulletin, 1988; 24:653-659

New York Heart Association (NYHA) at Stage IV

Functional Classification (Class and Description)

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.