



# When Does My Patient Meet the Guidelines for Hospice Care?

Use the Guidelines to help determine the right time to call for the support of our professional hospice staff. We will work with you to provide quality comfort care during their end-of-life journey.

Uncertain if it's time – call us and we can help.



**937-644-1928** (Union County Area)  
**740-852-7755** (Madison County Area)

**Available 24 hours a day to meet your needs**



# Guidelines for Hospice Eligibility

Loving Care Hospice and Home Health works with any insurance.

*The following are guidelines and we can be flexible.*

## Cancer Patients

- The patient has a life-limiting condition (*ask yourself: "would I be surprised if this person died in the next 6 months?"*)
- Patient/family has been informed that condition is life-limiting. Additionally, referrals to Loving Care Hospice and Home Health for cancer diagnosis should occur when the decision has been made to stop aggressive treatment.

## General Diagnosis Guidelines (non-cancer)

- Patient has a life-limiting condition (*ask yourself: "would I be surprised if this person died in the next 6 months?"*) and patient/family are informed that the condition is life-limiting
- Patient/family elect palliation of symptoms vs. futile, aggressive medical care
- Documentation of clinical progression of the disease (as evidenced by serial physician assessment, lab studies, multiple ER visits, in-patient hospitalizations, home health assessments, etc.)
- Recent decline in functional status (dependence in 3 of 6 Activities of Daily Living)
- Nutritional status impaired as evidenced by unintentional progressive weight loss of 10% and/or serum albumin less than 2.5gm/dl
- Co-morbidities that worsen primary condition
- Dysphagia associated with aspiration

## Heart Disease

- Symptoms of recurrent congestive CHF
- Ejection fraction of 20% or less (helpful, but not essential)
- NYHA Class IV
- Optimally treated with diuretics and vasodilators (or cannot tolerate meds for other reasons)
- History of SVT or ventricular arrhythmias resistant to medication
- History of Cardiac Arrest, unexplained syncope, embolic CVA of cardiac origin

## Pulmonary Disease

- Disabling dyspnea at rest or with minimal exertion
- Poor response to bronchodilators
- Decreased functional capacity
- Hypoxemia at rest on room air – 88% O<sub>2</sub> Saturation
- Cor pulmonale and right heart failure secondary to pulmonary disease
- Weight loss of 10% in past 6 months
- Resting tachycardia >100/min
- Increased visits to ER, physician or increased hospitalizations for pulmonary infections or respiratory failure

## Stroke

- Mainly in bed needing assistance with most ADLs
- Reduced food intake with 10% weight loss in 6 months or 7.5% in 3 months
- Serum albumin 2.5 gm/dl
- History of pulmonary aspiration
- Co-morbid conditions that complicate the condition
- Coma with any 3 of the following on day 3 of coma:
  - Abnormal brain stem response
  - Absent verbal response
  - Absent withdrawal response to pain
  - Serum Creatinine >1.5mg/dl

## Dementia/Alzheimer's

- Cannot walk without personal assistance
- Unable to dress without assistance
- Incontinence of urine and stool (may occur only on occasion)
- Unable to speak or communicate meaningfully
- Inability or unwillingness to take food or fluids sufficient to sustain life
- Co-morbid conditions may include CHD or COPD
- Secondary conditions may include aspiration pneumonia, upper urinary tract infection, septicemia, decubitus ulcers, and fever recurrent after antibiotics

## Failure To Thrive

- Mainly in bed or requires considerable assistance
- BMI below 22 kg/m<sup>2</sup>
- Patient declining with or without feeding tube in place

## To make a referral call

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