



Hospice Guidelines

Patient Name: _____
 ID Number: _____
 Date: _____

I. Decline in Clinical Status Guidelines

mark all that apply and have supporting documentation

*Note: These changes in clinical variables apply to patients whose decline is not considered to be reversible. They are listed in order of their likelihood to predict poor survival, **the most predictive first** and the least predictive last. Mark all that apply.*

Part I Guidelines are used for all diagnosis except for ALS, Dementia, Heart Disease, HIV, Liver, Pulmonary, Renal, stroke and coma. For these use Part II & III below and the disease specific guidelines following this page.

Clinical Status	Symptoms
<input type="checkbox"/> 1. Recurrent or intractable infections such as pneumonia, sepsis or upper UTI <input type="checkbox"/> 2. Progressive as documented by: • Weight loss not due to reversible causes • Decreasing anthropomorphic measures, not due to reversible causes • Decrease serum albumin or cholesterol <input type="checkbox"/> 3. Dysphagia with recurrent aspiration and/or inadequate oral intake documented by poor food portion consumption	<input type="checkbox"/> Dyspnea ↑ respiratory rate <input type="checkbox"/> Cough (intractable) <input type="checkbox"/> Nausea/vomiting (poor response to treatment) <input type="checkbox"/> Diarrhea (intractable) <input type="checkbox"/> Pain (requiring ↑doses of major analgesics more than briefly) <input type="checkbox"/> Pressure ulcers stage 3-4 in spite of optimal care
Signs	Laboratory (when available, is not required)
<input type="checkbox"/> ↓ BP below 90 OR progressive postural hypotension <input type="checkbox"/> Ascities <input type="checkbox"/> Venous/arterial or lymphatic obstruction (due to local progression of metastatic disease) <input type="checkbox"/> Edema <input type="checkbox"/> Pleural/pericardial effusion <input type="checkbox"/> Weakness <input type="checkbox"/> change in level of consciousness	<input type="checkbox"/> ↑ pCO ₂ or ↓pO ₂ or ↓ SaO ₂ <input type="checkbox"/> ↑Calcium, creatinine or liver function studies <input type="checkbox"/> ↑ Tumor markers (e.g. CEA, PSA) <input type="checkbox"/> Progressively ↑or ↓ serum sodium <input type="checkbox"/> ↑ serum potassium
Performance Measure	Utilization of Services
<input type="checkbox"/> ↓ Karnofsky Performance Status or Palliative Performance Score (PPS) from ≤ 70% due to progression of disease	<input type="checkbox"/> Increasing emergency room visits, hospitalizations or physician's visits related to hospice primary diagnosis
Functional Decline Dementia	Activities of Daily Living
<input type="checkbox"/> Progressive decline in Functional Assessment Staging (FAST) for dementia (from ≥ 7A on the FAST scale) Disease specific guidelines may require different score	Dependence on assistance for 2 or more ADL's <input type="checkbox"/> Transfer <input type="checkbox"/> Dressing <input type="checkbox"/> Ambulation <input type="checkbox"/> Bathing <input type="checkbox"/> Continence <input type="checkbox"/> Feeding

II. Non-disease specific baseline

Note: both of these should be met

<input type="checkbox"/> 1. Karnofsky Performance (KPS) or Palliative Performance score (PPS) ≤ 70%	Dependence on assistance for 2 or more ADL's <input type="checkbox"/> Feeding <input type="checkbox"/> Transfer <input type="checkbox"/> Ambulation <input type="checkbox"/> Bathing <input type="checkbox"/> Continence <input type="checkbox"/> Dressing
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III. Co-Morbidities

Note: co-morbidities are considered in hospice eligibility, mark all that apply

<input type="checkbox"/> COPD <input type="checkbox"/> CHF <input type="checkbox"/> Ischemic heart disease <input type="checkbox"/> Diabetes mellitus <input type="checkbox"/> Dementia	<input type="checkbox"/> Neurologic disease (CVA; ALS; MS; Parkinson's) <input type="checkbox"/> Parkinson's <input type="checkbox"/> Renal Failure <input type="checkbox"/> Liver disease <input type="checkbox"/> HIV
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Disease Specific Guidelines

(These guidelines are to be used in conjunction with the “Non-disease specific baseline guidelines” described in Part II of the first page of this document) Check all that apply

Cancer Diagnosis	Dementia due to Alzheimer’s Disease & Related Disorders
<input type="checkbox"/> Disease with distant metastases at presentation OR <input type="checkbox"/> Progression of disease to metastasis disease with either a OR b <input type="checkbox"/> a. A continued decline in spite of definitive therapy <input type="checkbox"/> b. Pt. Declines further disease directed therapy	<p>Should fulfill all the following criteria:</p> <input type="checkbox"/> Stage 7 or beyond according to FAST <input type="checkbox"/> Unable to ambulate w/o assistance <input type="checkbox"/> Unable to dress w/o assistance <input type="checkbox"/> Unable to bathe w/o assistance <input type="checkbox"/> Urinary & fecal incontinence (intermittent or constant) <input type="checkbox"/> No consistently meaningful verbal communication (limited to 6 or fewer intelligible words, stereotypical phrases only)
Amyotrophic Lateral Sclerosis	<p>Should have had one of the following within past 12 months:</p>
<p>Should fulfill 1, 2 OR 3:</p> <input type="checkbox"/> 1. Critically impaired breathing capacity (as demonstrated by all the following within 12 months preceding initial hospice certification) <input type="checkbox"/> Vital capacity (VC) ↓ 30% of normal (if available) <input type="checkbox"/> Dyspnea at rest <input type="checkbox"/> Requires supplemental oxygen at rest <input type="checkbox"/> Pt. declines artificial ventilation, external ventilation for comfort only <input type="checkbox"/> 2. Should demonstrate both rapid progression of ALS and critical nutritional impairment. (as demonstrated by all the following within the 12 months preceding initial hospice certification) Rapid progression of disease <input type="checkbox"/> Progression from independent to bed bound <input type="checkbox"/> Progression from normal to barely intelligible or unintelligible speech <input type="checkbox"/> Progression from normal to pureed food <input type="checkbox"/> Progression from independent to needing major assistance from caregiver in ADL’s. Nutritional impairment <input type="checkbox"/> Oral intake of fluid and nutrients insufficient to sustain life <input type="checkbox"/> Continued weight loss <input type="checkbox"/> Dehydration or hypovolemia <input type="checkbox"/> No artificial feeding methods, sufficient to sustain life, but not for relieving hunger.	<input type="checkbox"/> Aspiration pneumonia <input type="checkbox"/> Pyelonephritis or UTI <input type="checkbox"/> Septicemia <input type="checkbox"/> Decubitus ulcer, multiple, stage 3-4 <input type="checkbox"/> Fever, recurrent with antibiotics <input type="checkbox"/> 10% weight ↓ during past 6 months or serum albumin <2.5 gm/dl.
<input type="checkbox"/> 3. Pt. should demonstrate both rapid progressions of ALS and life-threatening conditions. (as demonstrated by all the following within 12 months of initial certification) <input type="checkbox"/> Recurrent aspiration pneumonia (with or without tube feeding) <input type="checkbox"/> Upper UTI e.g. pyelonephritis <input type="checkbox"/> Sepsis <input type="checkbox"/> Recurrent fever after antibiotics <input type="checkbox"/> Stage 3-4 decubitus ucler(s)	Heart Disease
<p><i>Note: Examination by a neurologist within three months of assessment for hospice is advised, both confirm diagnosis and to assist with prognosis.</i></p>	<p>1 and 2 should be present:</p> <input type="checkbox"/> 1. At the time of initial certification or recertification, Pt. optimally treated with diuretics, and vasodilators OR Pt. who is either not a candidate for surgical procedures or who decline the procedures <input type="checkbox"/> 2. NYHA Class IV with heart disease <input type="checkbox"/> 3. ↑ discomfort with activity <input type="checkbox"/> 4. Significant symptoms of CHF or angina at rest (may be documented by ejection fraction of ≤ 20% but not required) <p align="center">Supporting documentation:</p> <input type="checkbox"/> Treatment resistant symptomatic supraventricular or ventricular arrhythmias <input type="checkbox"/> History of cardiac arrest or resuscitation <input type="checkbox"/> History of unexplained syncope <input type="checkbox"/> Brain embolism of cardiac origin <input type="checkbox"/> Concomitant HIV disease
	Liver Disease
	<p>1 and 2 should be present:</p> <input type="checkbox"/> 1. Both a & b present <input type="checkbox"/> a. Prothrombin time > 5 sec. or INR >1.5 <input type="checkbox"/> b. Serum albumin <2.5 gm/dl <input type="checkbox"/> 2. End stage liver disease with at least one of the following: <input type="checkbox"/> a. Ascites, unresponsive to treatment or Pt. noncompliance <input type="checkbox"/> b. Spontaneous bacterial peritonitis <input type="checkbox"/> c. Hepatorenal syndrome (↑ creatinine & BUN with Oliguria (<400 ml/day) urine sodium < 10 mEq/l) <input type="checkbox"/> d. Hepatic encephalopathy, refractory to treatment OR Pt. non-compliance <input type="checkbox"/> e. Recurrent variceal bleeding, despite intensive therapy <p align="center">Supporting documentation:</p> <input type="checkbox"/> Progressive malnutrition <input type="checkbox"/> Hepatitis B positive <input type="checkbox"/> Muscle wasting with reduced strength and endurance <input type="checkbox"/> Continued active alcoholism (>80 gm ethanol/day) <input type="checkbox"/> Hepatocellular cancer <input type="checkbox"/> Hepatitis C refractory to interferon

Pulmonary Disease	Renal Disease
<p>1 and 2 should be present:</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1. Severe chronic lung disease (as documented by) a and b <ul style="list-style-type: none"> <input type="checkbox"/> a. Disabling dyspnea at rest (e.g. bed to chair existence, fatigue, cough) <input type="checkbox"/> b. visits to emergency room OR hospitalizations for pulmonary infections and/or respiratory failure OR a physician home visits <input type="checkbox"/> 2. Hypoxia at rest on room air, $pO_2 \leq 55$ mmHg; OR O_2 sat $\leq 88\%$ on supplemental O_2 OR <input type="checkbox"/> Hypercapnea, $pCO_2 \geq 50$ mmHg <p>Supporting documentation:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Right sided failure (secondary to pulmonary disease not left heart disease, valvulopathy) <input type="checkbox"/> Unintentional weight loss > 10% body weight over preceding six months <input type="checkbox"/> Resting tachycardia > 100/min. <input type="checkbox"/> FEV1 < 30%, after bronchodilator (not necessary to obtain) <input type="checkbox"/> FEV1 > 40 ml/year, (not necessary to obtain) 	<p>Acute renal failure (1 and either 2 or 3 should be present)</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1. Pt. not seeking dialysis or renal transplant <input type="checkbox"/> 2. Creatinine clearance < 10 cc/min (< 15 cc/min for diabetics) OR < 15cc/min (<20cc/min for diabetics) with comorbidity of CHF <input type="checkbox"/> 3. Serum creatinine >8.0mg/dl (>6.0mg/dl for diabetics) <p>Supporting documentation:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Mechanical ventilation <input type="checkbox"/> GI bleeding <input type="checkbox"/> Chronic Lung Disease <input type="checkbox"/> Advance liver disease <input type="checkbox"/> AIDS <input type="checkbox"/> Cachexia <input type="checkbox"/> Disseminated intravascular coagulation <input type="checkbox"/> Malignancy (other organ systems) <input type="checkbox"/> Advanced cardiac disease <input type="checkbox"/> Sepsis <input type="checkbox"/> Albumin <3.5 gm/dl <input type="checkbox"/> Platlet count <25,000 <p>Chronic renal failure (1 and either 2 or 3 should be present)</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1. Pt. not seeking dialysis or renal transplant <input type="checkbox"/> 2. Creatinine clearance <10 cc/min (<15 cc/min for diabetics) OR <15 cc/min (<20 cc/min for diabetics) with comorbidity of CHF. <input type="checkbox"/> 3. Serum creatinine >8.0 mg/dl (>6.0 mg/dl for diabetics) <p>Supporting documentations:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Uremia <input type="checkbox"/> Intractable hyperkalemia (>7.0) not responsive to treatment <input type="checkbox"/> Uremic pericarditis <input type="checkbox"/> Intractable fluid overload, not responsive to treatment <input type="checkbox"/> Oliguria (<400cc/24 hours) <input type="checkbox"/> Hepatorenal syndrome
Stroke and Coma	HIV Disease
<p>Must meet the following:</p> <p>Stroke</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1. Karnofsky or Palliative Performance Scale $\leq 40\%$ <input type="checkbox"/> 2. Inability to maintain caloric intake and hydration with one of the following <ul style="list-style-type: none"> <input type="checkbox"/> Weight loss > 10% in past 6 months or > 7.5% in last 3 months <input type="checkbox"/> Serum albumin < 2.5 gm/dl <input type="checkbox"/> Current history of pulmonary aspiration not responsive to speech language pathology intervention <input type="checkbox"/> Sequential calorie counts inadequate calorie/fluid intake <input type="checkbox"/> Dysphagia severe enough to prevent intake of fluid/food necessary to sustain life (Pt. does not receive artificial nutrition and hydration) <p>Coma (Comatose Pt. with any 3 of the following on day three of the coma)</p> <ul style="list-style-type: none"> <input type="checkbox"/> abnormal brain stem response <input type="checkbox"/> absent withdrawal response to pain <input type="checkbox"/> serum creatinine >1.5 mg/dl <input type="checkbox"/> absent verbal response <p>Supporting documentation</p> <p>Eligibility for hospice care: (progressive decline over past 12 months)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Aspiration pneumonia <input type="checkbox"/> Sepsis <input type="checkbox"/> Refractory stage 3-4 decubitus ulcers <input type="checkbox"/> Upper UTI Pyelonephritis <input type="checkbox"/> Fever recurrent after antibiotics <p>Imaging factors that support poor prognosis after non-traumatic hemorrhagic stroke:</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1. Large volume on \geq CT <ul style="list-style-type: none"> <input type="checkbox"/> a. Infratentorial ≥ 20 ml <input type="checkbox"/> b. Supratentorial ≥ 50 ml <input type="checkbox"/> 2. Ventricluar extension of hemorrhage <input type="checkbox"/> 3. Surface area of involvement of hemorrhage $\geq 30\%$ of cerebrum <input type="checkbox"/> 4. Midline shift ≥ 1.5 cm <input type="checkbox"/> 5. Obstructive hydrocephalus in Pt. who declines OR not a candidate for ventriculopertoneal shunt <p>Thrombotic/embolic stroke:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Large anterior infarcts with both cortical and subcortical involvement <input type="checkbox"/> Large bihemispheric infarcts <input type="checkbox"/> Basilar artery occlusion <input type="checkbox"/> Bilateral vertebral artery occlusion 	<p>1 and 2 should be present:</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1. CD4+ Count <25 cells/mcl or persistent (2 or more assays one month apart) viral load >100,000 copies/ml plus one of the following: <ul style="list-style-type: none"> <input type="checkbox"/> CNS lymphoma <input type="checkbox"/> Toxoplasmosis, unresponsive to treatment <input type="checkbox"/> Renal failure in the absence of dialysis <input type="checkbox"/> Kaposi's sarcoma unresponsive to treatment <input type="checkbox"/> Systemic lymphoma, with advanced HIV disease partial response to chemotherapy <input type="checkbox"/> Wasting untreated or persistent despite treatment, of 10% lean body mass <input type="checkbox"/> Progressive multifocal leukoencephalopathy <input type="checkbox"/> Mycohaeterium avium complex (MAC) bacteremia <input type="checkbox"/> 2. Karnofsky Performance Status of $\leq 50\%$ <p>Supporting documentation</p> <ul style="list-style-type: none"> <input type="checkbox"/> Persistent diarrhea for one year; persistent serum albumin <2.5 <input type="checkbox"/> Absence or resistance to antiretroviral chemo & prophylactic drug therapy related to HIV <input type="checkbox"/> Age > 50 <input type="checkbox"/> Toxoplasmosis <input type="checkbox"/> CHF symptomatic at rest <input type="checkbox"/> Active drug abuse <input type="checkbox"/> Advanced liver disease <input type="checkbox"/> Advanced AIDS dementia complex

MODIFIED KARNOFSKY PERFORMANCE INDEX (Karnofsky et al (1948) Cancer 1:634-656)			FUNCTIONAL ASSESSMENT STAGING (FAST) (Check highest consecutive level of disability)	
Able to carry on normal activity and to work. No special care needed.	100	Normal; no complications	<ol style="list-style-type: none"> No difficulty either subjectively or objectively. Complains of forgetting location of objects. Subjective work difficulties. Decreased job functioning evident to co-workers. Difficulty in traveling to new locations. Decreased organizational capacity.* Decreased ability to perform complex tasks, e.g., planning dinner for guests, handling personal finances (such as forgetting to pay bills), difficulty marketing, etc. Required assistance in choosing proper clothing to wear for the day, season or occasion. e.g., patient may wear the same clothing repeatedly unless supervised.* <ol style="list-style-type: none"> Improperly putting on clothes without assistance or cuing (e.g. may put street clothes on over night clothes, or put shoes on wrong feet, or have difficulty buttoning clothing) occasionally or more frequently over the past weeks.* Unable to bathe properly (e.g., difficulty adjusting bath water temp) occasionally or more frequently over the past weeks.* Inability to handle mechanics of toileting (e.g., forgets to flush the toilet, does not wipe properly or properly dispose of toilet tissue) occasionally or more frequently the past weeks.* Urinary incontinence (occasionally or more frequently over the past weeks).* Fecal incontinence (occasionally or more frequently over the past weeks).* <ol style="list-style-type: none"> Ability to speak is limited to approximately a half a dozen intelligible words or fewer, in the course of an average day or in the course of an intensive interview. 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 work over and over). Ambulatory ability is lost (cannot walk without personal assistance). Cannot sit up without assistance (e.g., the individual will fall over if there are not lateral rests (arms) on the chair). Loss of ability to smile. Loss of ability to hold up head independently. 	
	90	Able to carry on normal activity; some signs or symptoms		
	80	Normal activity with effort; some signs or symptoms		
Unable to work. Able to live at home, care for most personal needs. A varying amount of personal assistance is needed.	70	Cares for self. Unable to carry on normal activity or to do active work		
	60	Requires occasional assistance but is able to care for most of own needs		
	50	Requires considerable assistance and frequent medical care; probably spends 50% of normal waking hours in bed		
Unable to care for self. Requires equivalent of institutional or hospital care. Disease may be progressing rapidly.	40	Disabled; requires special care and assistance		
	30	Severely disabled; bedridden; LOC II-I		
	20	Very sick; pre-active; LOC II-III		
	10	Actively dying; LOC IV		
			<p>*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</p>	

NEW YORK HEART ASSOCIATION (NYHA) FUNCTIONAL CLASSIFICATION	TYPICAL TIME COURSE OF ALZHEIMER'S DISEASE (AD)								
	Hospice Parameters: "Minimum Magnitude of Severity"								
	Clinical Diagnosis	Incipient or Questionable AD	Mild AD	Moderate AD	Moderate - Severe AD	Severe AD			
Class I - Patients with cardiac disease, but without resulting limitation of physical activity. Ordinary physical activity does not cause undue fatigue, palpitation, dyspnea or anginal pain.	FAST Stage	3	4	5	6	7			
Class II - Patients with cardiac disease resulting in slight limitation of physical activity. They are comfortable at rest. Ordinary physical activity results in fatigue, palpitation, dyspnea or anginal pain.	FAST Substage				a b c d e	a b c d e f			
Class III - Patient with marked limitation of physical activity. They are comfortable at rest. Less than ordinary activity causes fatigue, palpitation, dyspnea or anginal pain.									
Class 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.	Years	0	7	9	10.5	13	19		
	Mini Mental Status Exam	29	25	19	14	5	5	0	Usual Point Of Death

FLACC SCALE				DIAGNOSTIC IMAGING FACTORS INDICATING POOR PROGNOSIS AFTER STROKE
Observation	Value = 0	Value = 1	Value = 2	<ol style="list-style-type: none"> For non-traumatic hemorrhagic stroke <ol style="list-style-type: none"> Large volume hemorrhage on CT <ol style="list-style-type: none"> Infratentorial > 20 ml Supratentorial > 50 ml Ventricular extension of hemorrhage Surface area of involvement of hemorrhage > 30% of cerebrum Midline shift > 1.5 cm Obstructive hydrocephalus in patient who declines, or is not a candidate for ventriculoperitoneal shunt For thrombotic/embolic stroke <ol style="list-style-type: none"> Large anterior infarcts with both cortical and subcortical involvement Large bihemispheric infarcts Basilar artery occlusion Bilateral vertebral artery occlusion
<u>F</u> ACE	No particular expression or smile	Occasional grimace or frown, withdrawn, disinterested	Frequent to constant frown, clenched jaw, quivering chin	
<u>L</u> EGS	Normal position or relaxed	Uneasy, restless, tense	Kicking, or legs drawn up	
<u>A</u> CTIVITY	Lying quietly, normal position, moves easily	Squirming, shifting back and forth, tense	Arched, rigid or jerking	
<u>C</u> RY	No cry (awake or asleep)	Moans or whimpers, occasional complaint	Crying steadily, screams or sobs, frequent complaints	
<u>C</u> ONSOLABILITY	Content, relaxed	Reassured by occasional touching, hugging, or "talking to", distractable	Difficult to console or comfort	

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