### CANCER

<table>
<thead>
<tr>
<th>Criteria for Specific Diagnosis</th>
<th>Notes</th>
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<tbody>
<tr>
<td>□ Diagnosis confirmed by pathology or radiology</td>
<td>□ Results of recent clinical evaluation support disease progression despite treatment or decline further treatment</td>
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<tr>
<td>□ Curative/life extending treatment is no longer desired by patient/family</td>
<td>□ Continued Decline despite treatment</td>
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<tr>
<td>□ Disease with distant metastasis at presentation</td>
<td>Cancer with poor prognoses (small cell lung cancer, brain cancer, and pancreatic cancer)</td>
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### AMYOTROPHIC LATERAL SCLEROSIS (ALS)

1. Critically impaired breathing capacity
   - Vital capacity less than 30% of normal
   - Dyspnea at rest
   - Decline mechanical ventilation, external ventilation used for comfort measures only
   - Both rapid progression of ALS and critical nutritional impairment

   Criteria indicating rapid progression of ALS
   - Progression from ambulation to w/c to bed bound status
   - Normal to barely intelligible or unintelligible speech
   - Normal to pureed diet
   - Independent in ADL’s to needing major assistance

   (Should fulfill 1, 2, or 3 to be considered terminal)

2. Meets criteria for rapid progression and has life-threatening complications that occur within 12 months preceding initial hospice certification.
   - Recurrent aspiration pneumonia
   - Upper urinary tract infection
   - Sepsis
   - Recurrent fever after antibiotic therapy
   - Stage 3 or 4 decubitus ulcer

3. Meets criteria for rapid progression and has critical nutritional impairment within the past 12 months of hospice certification.
   - Oral intake of nutrients and fluids insufficient to sustain life
   - Continuing weight loss
   - Dehydration or hypovolemia
   - Absence of artificial feedings methods

### ALZHEIMER’S DISEASE/DEMEN TIA

<table>
<thead>
<tr>
<th>Factors should be present:</th>
<th>Patients should have one of the following within the past 12 months</th>
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<tbody>
<tr>
<td>□ Stage 7 or beyond FAST score_____</td>
<td>□ Aspiration Pneumonia</td>
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<tr>
<td>□ Unable to ambulate without assistance</td>
<td>□ Pyelonephritis or other upper urinary tract infection</td>
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<tr>
<td>□ Unable to dress without assistance</td>
<td>□ Septicemia</td>
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<tr>
<td>□ Unable to bathe without assistance</td>
<td>□ Stage 3-4 decubitis ulcers</td>
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<tr>
<td>□ Urinary and fecal incontinence, intermittent or constant</td>
<td>□ Fever, recurrent after antibiotics</td>
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<tr>
<td>□ Verbal communication is absent or ineffective</td>
<td>□ Serum albumin &lt;2.5 gm/dl</td>
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<tr>
<td>□ Appetite/food and fluid intake inadequate to support life with 10% weight loss during previous 6 months</td>
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</tr>
</tbody>
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### HEART DISEASE

Factors should be present:

- □ Optimally treated for heart disease or is not a candidate
- □ Not a candidate for a surgical procedure
- □ Declines surgical procedure
- □ NYHA Class IV NYHA score
  
  Ejection fraction of < or= 20% (if documentation avail)

These factors will add supporting documentation:

- □ Atrial fibrillation resistant to antiarrhythmic therapy
- □ History of cardiac arrest and resuscitation in any setting
- □ Dyspnea with minimal exertion; syncope; orthopnea
- □ Transplant is not being sought by the patient
- □ Brain embolism of cardiac origin
- □ Concomitant HIV disease

### PULMONARY DISEASE

Both of the following

- □ Disabling dyspnea at rest; resting tachycardia, poor response to bronchodilators, decreased functional capacity, and FEV1 after bronchodilator less than 30% (if results available)
- □ Frequent visits to ER, physician, or frequent hospitalizations. FEV1 decrease of >40mL/yr (if available)

And

- □ Hypoxemia at rest on room air aaeO2 Sat<88% or pO2 55 or less or hypercapnia aae pCO2>50 (results may be from recent within 3 months hospital record).

- □ Right heart failure secondary to pulmonary disease
- □ Unintentional progressive weight loss of greater than 10% over prior 6 months
- □ Resting tachycardia >100 beats/minute
### HIV Disease

**Factors should be present:**
- CD4+ Count < 25 or persistant viral load >100,000
- CNS Lymphoma
- Untreated or persistant despite treatment, wasting with loss of at least 10% lean body mass
- MAC bacteremia untreated, unresponsive to treatment or treatment refused
- Progressive multifocal leukoencephalopathy
- Systemic lymphoma
- Visceral Kaposi’s sarcoma unresponsive to therapy
- Renal failure in absence of dialysis
- Toxplasmosis
- Decreased performance status
- Karnofsky Performance Status scale of 50% or less

**The following will support eligibility for hospice:**
- Chronic persistent diarrhea for one year
- Persistent serum albumin <2.5
- Concomitant active substance abuse
- Age > 50 years
- Absence of, or resistance to effective drug therapy specifically related to HIV disease
- Advanced AIDS dementia complex
- Toxplasmosis
- CHF symptomatic at rest
- Advanced liver disease

### Liver Disease

**Factors should be present:**
- Abnormal coagulation: PT > 5 sec. over control or INR > 1.5
- Serum albumin <2.5 gm/dl
- Spontaneous bacterial peritonitis
- Ascites refractory to treatment of noncompliance
- Heporenal syndrome with elevated BUN/Cr with oliguria--< 400cc output/24 hrs and urine Na+ concentration <10meq/l
- Hepatic Encephalopathy refractory to treatment or noncompliant
- Recurrent variceal bleeding despite intensive therapy

**The following factors will support eligibility for hospice:**
- Progressive malnutrition
- Muscle wasting with reduced strength and endurance
- Continues active alcoholism (>80 gm ethanol/day)
- Hepatocellular carcinoma
- Hepatitis B positivity
- Hepatitis C refractory to interferon treatment
- awaiting liver transplant or not a candidate

### Renal Disease

**Acute Renal Failure (all three should be present):**
- Not seeking dialysis or transplant or stopping dialysis
- CrCl <10 cc/min or <15 cc/min for diabetics
- Serum creatinine >8.0 mg/dl or >6.0 mg/dl for diabetics

**Chronic Renal Failure (all three should be present):**
- Not seeking dialysis or transplant or stopping dialysis
- CrCl <10 cc/min or <15 cc/min for diabetics
- Serum creatinine >8.0 mg/dl or >6.0 mg/dl for diabetics

**Comorbid conditions:**
- Mechanical ventilation
- Malignancy
- Chronic lung disease
- Advanced Cardiac Disease
- Advanced Liver Disease
- Sepsis
- Immunosupression/AIDS
- Albumin < 3.5 gm/dl
- Cachexia
- Platelet count <25,000
- DIC
- GI Bleed

**Signs and symptoms of renal failure to support:**
- Uremia
- Oliguria <400 cc/24 hours
- Intractable hyperkalemia >7.0 not responsive to treatment
- Uremic pericarditis
- Heporenal syndrome
- Intractable fluid overload, not responsive to treatment

### Stroke & Coma

**Stroke**
- PPS of 40% or less
- Inability to maintain hydration and caloric intake with one of the following
  - Weight loss >10% in 6 mo or 7.5%in 3mo
  - Serum albumin <2.5 gm/dl
  - Current history of pulmonary aspiration not responsive to ST
  - Sequential calorie counts documenting inadequate caloric/liquid intake
  - Dysphagia preventing intake to sustain life and declines or does not receive artificial nutrition and hydration
- Diagnostic Imaging to support stroke

**Coma (any etiology)**
- Any 3 of the following on day three of coma
  - Abnormal brain stem response
  - Absent verbal response
  - Absent withdrawal response to pain
  - Serum creatinine >1.5 mg/dl

**Medical complications within previous 12 months to support eligibility:**
- Aspiration pneumonia
- Upper urinary tract infection
- Sepsis
- Refractory stage 3-4 decubitus ulcer
- Fever recurrent after antibiotics

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Hospice Nurse: ____________________________ Date: ____________________________

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Revised 09/2014 amb