



**CRITERIA FOR DETERMINING A LIFE EXPECTANCY OF
SIX MONTHS OR LESS IN NON-CANCER PATIENTS**

| NON-CANCER DIAGNOSIS | “MUST HAVE CRITERIA” | COMMENTS |
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| Adult Failure to Thrive aka: “Terminal Debility” “Debility, Unspecified” (799.3) | <ol style="list-style-type: none"> 1. Nutritional impairment. Either refusing enteral/parenteral nutrition or is losing weight, despite adequate caloric intake <i>and</i> 2. Dependence on assistance for two or more ADLS | <ol style="list-style-type: none"> 1. Disability rating must come from measurements/observations made within the past 6 months. 2. Progressive decline of key symptoms, signs, and lab findings re: advancing multi-system disease: <u>all</u> contribute to prognosis of \leq 6 months. |
| Dementia | <ol style="list-style-type: none"> 1. Unable to ambulate, dress, bathe w/o assistance 2. Urinary & Fecal incontinence (intermittent or constant) 3. No meaningful verbal communication; stereotypical phrase; 6 or < words 4. Has had one or more of the listed conditions in the past 12 months: please see comments <p>(Note: 1–3 above comprise criteria for FAST scale level 7)</p> | <p><i>Conditions which support dementia criteria:</i></p> <ol style="list-style-type: none"> 1. Aspiration Pneumonia 2. Pyelonephritis/upper UTI 3. Septicemia 4. Decub. Ulcers (III or IV stage) 5. Fever, recurrent after antibiotics 6. Inability to maintain sufficient caloric intake with 10% weight loss during last 6 months or albumin <2.5 |
| End Stage Pulmonary Disease | <ol style="list-style-type: none"> 1. Disabling dyspnea at rest (poorly or unresponsive to bronchodilators) e.g. resulting in bed to chair existence, fatigue, and cough, <i>and</i> 2. Prior disease progression as evidenced by increasing visits to ER or hospitalizations for pulmonary infections and/or respiratory failure | <p><i>The following will lend supporting documentation:</i></p> <ol style="list-style-type: none"> 1. O₂ sat on RA \leq 88% or pO₂ \leq 55; or hypercapnia (pCO₂ \geq 50) 2. Cor pulmonale and right heart failure 3. Unintentional wt loss of >10% body wt in last 6 mos. 4. Resting tachycardia > 100/min. |
| End Stage Cardiac Disease CHF and/or ASCAD | <ol style="list-style-type: none"> 1. Optimally treated with diuretics/vasodilators (or latter contraindicated) 2. Is not a candidate for or refuses invasive procedures 3. Class IV New York Heart Assoc: <ol style="list-style-type: none"> a. Unable to carry on any physical activity w/o symptoms (C/P or SOB) b. Symptoms present even at rest c. Any activity increases symptoms | <p><i>The following will lend supporting documentation:</i></p> <ol style="list-style-type: none"> 1. Rx resistant arrythmias 2. HX of cardiac arrest/resuscitation 3. HX of unexplained syncope 4. Brain embolism of cardiac origin 5. HIV disease 6. Ejection fraction documented at \leq 20% |

