Hospice of the Foothills

Determining a Life Expectancy of Six Months or Less in Non-Cancer Patients

Decline in Clinical Status Guidelines

All patients in their end-of-life period exhibit multiple general symptoms of decline. These include: involuntary weight-loss >10% &/or albumin <2.5; steady decline over last 6 months; impaired mobility, weakness & falls; skin breakdown, non-healing wounds; recurrent UTI/respiratory infections; frequent ER, office visits or hospital admissions; dependence on assistance for 2 or more ADLs.

These general symptoms are due to various underlying diseases or end-stage organ damage.

- **An appropriate Hospice diagnosis must be assigned as it relates to the *most likely* cause of the patient's overall decline.**
- **The categories below are guidelines to assist with this decision making. As this list is not all-inclusive, if there are questions as to the most appropriate diagnosis to use, please contact our medical director.**

NON-CANCER DIAGNOSIS	PROBLEMS	"MUST HAVE GUIDELINE CRITERIA"	COMMENTS
Dementia Vascular Lewy Body Alzheimer's	Mobility Safety Nutrition Sleep Pattern Disturbance	• Unable to ambulate, dress, bathe w/o assistance • Urinary & Fecal incontinence • No meaningful verbal communication; stereotypical phrase; 6 or < words • Has had one or more of the listed conditions in the past 12 months; please see comments *(Note: 1-3 above comprise criteria for FAST scale level 7)*	**Conditions which support dementia criteria:** • Aspiration Pneumonia • Pyelonephritis/upper UTI • Septicemia • Decubitus ulcers (stage 3-4) • Fever, recurrent after antibiotics • Inability to maintain sufficient caloric intake with 10% weight loss during the last 6 months or albumin <2.5
End Stage Pulmonary Disease	Breathing Pattern Anxiety Infection Safety (O_2)	Disabling dyspnea at rest (poorly or unresponsive to bronchodilators e.g. resulting in bed to chair existence, fatigue, and cough, and Prior Disease progression as evidence by increasing visit to ER or hospitalizations for pulmonary infections and/or respiratory failure	**The following will lend supporting documentation:** • O_2 sat on RA≤88% or pO_2≤55; or hypercapnia (pO_2≤50) • Cor Pulmonale and right heart failure • Unintentional wt. loss of >10% body wt in last 6 months • Resting tachycardia >100/min.

End Stage Cardiac Disease CHF and/or ASCAD	Breathing Pattern
	Pain
	Oxygen
	Safety
		• Optimally treated with diuretics/vasodilators (or latter contraindicated)
		• Is not a candidate for or refuses invasive procedures
		• Class IV NYHA Functional Classification
		  • Unable to carry on any physical activity w/o symptom (C/P or SOB)
		  • Symptoms present even at rest
		  • Any activity increases symptoms
			The following will lend supporting documentation:
			• Rx resistant arrhythmias
			• Hx of cardiac arrest/resuscitation
			• Hx or unexplained syncope
			• Brain embolism of cardiac origin
			• HIV disease
			• EF documented at ≤20%

End Stage Liver Disease	Nutrition
	Coagulopathy
	Skin Tissue Integrity
		Both INR >1.5 and albumin <2.5 gm/dl
		One of the following:
		  • Ascites or hepatic encephalopathy refractory treatment or patient non-compliance
		  • Spontaneous bacterial peritonitis
		  • Recurrent variceal bleeding despite intensive treatment
		  • Hepatorenal syndrome
			The following will lend supporting documentation:
			• Progressive malnutrition, muscle wasting
			• Continued active alcohol abuse
			• Hepatocellular CA
			• Hepatitis C refactory to Interferon
			• ABsAg positive

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End Stage Renal Disease	Fluid Imbalance Breathing Pattern eg. CHF → fluid overload Nausea/vomiting Safety	Acute Renal Failure: Patient not seeking hemodialysis or transplant or is discontinuing dialysis	• Either: —CrCl<10cc/min(<15cc/min for diabetics); or CrCl<15cc/min(<20cc/min for diabetics) with comorbidity of CHF —Serum Cr> 8mg/dl (>6.0mg/dl for diabetics) • Estimated GFR <10mL/min. • Comorbid conditions support Hospice prognosis
		Chronic Kidney Disease: Patient not seeking hemodialysis or transplant or is discontinuing dialysis	• Same as above • S/S of renal failure: uremia; oliguria (<400cc/24h); intractable hyperkalemia (>7.0) not responsive to Tx; uremic pericarditis; hepatorenal syndrome; intractable fluid overload not responsive to Tx
Stroke and/or Coma	Nutrition Breathing Pattern Mobility Safety Skin Tissue Integrity	**Nutritional decline with one of the following:** • Dysphagia w/o artificial feeding, preventing sustaining intake • >10% weight loss in 6 months or >7.5% in 3 months • Pulmonary aspiration not responsive to Tx • Serum albumin <2.5 gm/dl • Karnofsky or PPS ≤ 40% **COMA post 3rd day (any 3)** • Abnormal Brain Stem Response • Absent Verbal Response • Absent Withdraw from Pain • Serum Creatinine> 1.5 mg/dl	Pyelonephritis, Sepsis and/or Aspiration Pneumonia Decubitis ulcers, multiple, stage 3-4 Fever, recurrent after antibiotics
Degenerative Neurological Disease ALS Parkinson's Multiple Sclerosis Myasthenia Gravis Muscular Dystrophy	Breathing Pattern Nutrition Mobility Skin Tissue Integrity Safety	**Critically Impaired Nutrition** (with or without election for gastronomy tube) **Critically Impaired Breathing** must have (■) plus 2 or more (*) ■ Dysphagia with weight loss of 5% or more of body weight ■ Forced Vital Capacity <40% of predicted (if available) ■ Declines invasive ventilation or tracheostomy (w/ or w/o NIPPV) * Dyspnea at rest * Orthopnea * Respiratory Rate >20 * Paradoxical abdominal motion * Reduced speech or vocal volume or weak cough * Sleep disordered breathing w/ frequent awakening or daytime somnolence * Unexplained headache, confusion, anxiety, nausea	Examination by a neurologist within 3 months of assessment for Hospice is advised, both to confirm the diagnosis and to assist with prognosis