



Patients are considered appropriate for hospice when the following apply:

- ✓ They have less than six months to live.
- ✓ They choose to forego curative treatment.
- ✓ They have a hospice-eligible terminal diagnosis.

There are 2 paths to determine hospice eligibility:

1. One major terminal diagnosis – CMS “Disease Specific Criteria”
2. Multiple comorbidities contributing to terminal decline – “Decline in Clinical Status Guidelines.” This is used when there are signs of decline indicating a terminal trajectory, but does not fit into a current “Disease Specific Criteria” for any one diagnosis. We call this “painting the picture” of the decline/poor prognosis.

Patient Evaluation Tools

Palliative performance scale (PPS)

50% – Mainly sits in chair or lies in bed during the day, normal or reduced eating/drinking, conscious but may be confused.

40% – Mainly in bed during the day, needs assistance for caring for personal needs, normal or reduced eating/drinking, conscious but may be confused/drowsy.

30% – Totally bedbound, needs total care for personal needs, normal or reduced eating/drinking, conscious but may be confused/drowsy.

20% – Totally bedbound, needs total care for personal needs, minimal eating/drinking to only sips, conscious but may be confused/drowsy.

10% – Totally bedbound, needs total care for personal needs, mouth care only, drowsy or coma.

Dependence in activities of daily living (ADLs)

Dependence in at least two to three of the following: Bathing, dressing, feeding, transfers, continence of urine/stool, ambulation to bathroom

Nutrition/weight

- Unintentional weight loss >10% in the last 6 months
- Decreased appetite/intake

CANCER

- Palliative performance scale (PPS)
- Dependence in activities of daily living (ADLs)
- Nutrition/weight
- Other comorbidities

Assessment

- Disease with metastases at presentation
- Progression from an earlier stage of disease to metastatic disease with either:
 - A continued decline despite therapy; or
 - Patient declines further curative therapy and desires comfort measures
- Laboratory studies *(ex. tumor markers)*
- Radiology studies *(ex. CT scans, MRIs, PET scans)*
- Pathology reports
- Documentation of stage of disease
- Evidence of progressive tumor growth

HEART DISEASE

- Palliative performance scale (PPS)
- Dependence in activities of daily living (ADLs)
- Nutrition/weight
- Other comorbidities

Assessment

- Dyspnea at rest “short winded,” “can’t breathe” or with exertion “can’t breathe with exercise”
- Difficulty breathing while lying down
- Waking up at night SOB (Paroxysmal nocturnal dyspnea)
- Rales: wet crackles in lungs heard on inspiration
- Chest pain
- Gallop rhythm: S3, S4
- Edema in lower extremities
- Syncope
- Weakness
- Diaphoresis : sweating
- Neck veins distended above clavicle: Jugulovenous distension (JVD)
- Liver enlargement

LIVER DISEASE

- Palliative performance scale (PPS)
- Dependence in activities of daily living (ADLs)
- Nutrition/weight
- Other comorbidities

Assessment

- Prothrombin time prolonged for 5 seconds or INR >1.5
- Serum Albumin <2.5 gm/dl
- Ascites, refractory to treatment or patient non-compliant
- Spontaneous bacterial peritonitis
- Hepatorenal syndrome: elevated creatinine and BUN with oliguria (<400 ml/day) and urine sodium concentration <10 mEq/l
- Hepatic encephalopathy refractory to treatment, or patient non-compliant
- Recurrent variceal bleeding
- Progressive malnutrition
- Muscle wasting with reduced strength and endurance
- Continued active alcoholism (>80 gm ethanol/day)
- Hepatocellular carcinoma
- Hepatitis B positive
- Hepatitis C, refractory to treatment

NEUROLOGICAL CONDITIONS

- CVA
- MS
- Alzheimer's Disease
- Parkinson's
- ALS
- TBI
- Huntington's

Assessment

- Mental status changes (language skills, memory loss, difficulty making decisions or decreased concentration ability)
- Tremors, abnormal limb movement, balance problems
- Sensory changes—ability to hear, smell, taste, see
- Breathing difficulties/respiratory infections
- Psychosocial changes—fear, anxiety, depression
- Age >70
- Dysphagia
- Skin breakdown
- Impaired nutritional status/unintentional weight loss of >10% body weight in last 6 months

Functional assessment staging (FAST) score

- 7A** – Ability to speak is limited to approx. 6 intelligible words or fewer in the course of an average day.
- 7B** – Speech ability is limited to the use of a single intelligible word in an average day (the person may repeat the word over and over).
- 7C** – Cannot walk without personal assistance.
- 7D** – Cannot sit up without assistance (ex. the patient will fall over if there are not arm rests).
- 7E** – Loss of ability to smile.
- 7F** – Loss of ability to hold up head independently.

PULMONARY DISEASE

- Palliative performance scale (PPS)
- Dependence in activities of daily living (ADLs)
- Nutrition/weight
- Other comorbidities

Assessment

- Dyspnea at rest, poor response to bronchodilators and decreased functional capacity (ex. Bed to chair existence, fatigue and cough)
- Increased visits to emergency room/increased hospitalizations for respiratory infections/failure
- Presence of cor pulmonale/right heart failure via EKG, echo, chest x-ray, physical exam
- Hypoxemia evidenced by pO₂ </55 or SpO₂ </88%
- Resting tachycardia (>100bpm)
- Cyanosis, pulmonary hyperinflation (barrel-chest), pursed lip breathing, accessory muscle use/retractions, diminished breath sounds
- Evidence of lung disease via pulmonary function testing/FEV1 is helpful, but not required



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