

Hospice Readiness Reference

A guide to hospice
appropriateness by
disease state



Hospice of Lansing
Stoneleigh Residence

About Hospice of Lansing Stoneleigh Residence

Hospice of Lansing was founded in 1979 and is the original non-profit hospice serving the mid-Michigan area. We originated as a volunteer organization with “people helping people” in the home, wherever home is. Later, we became Medicare certified, accept most insurances and expanded our home hospice reach. Hospice of Lansing is completely community-based, meaning we are not associated with a hospital or other entity. In 2001 our hospice family grew when Stoneleigh Residence opened, it is an eight suite inpatient licensed hospice home. Home based hospice is 100% covered under the Medicare Benefit, Stoneleigh Residence has a small room and board cost.

We work to visit your patient and their loved ones as soon as needed – most often within 24 hours, but sooner if needed. We will answer all questions, explain hospice services and provide information to the patient and their family about what to expect. No one has to be alone or in pain on this journey. At Hospice of Lansing, we truly care about each and every patient and family under our care.

We are **from** our community and **for** our community.

Referral How To

To refer a patient for hospice services, please call our intake office at **517-882-4500** or send a referral fax to **517-882-3010**.

Our physicians and nurse practitioners are available to consult with your office or complete an independent assessment of the patient whenever needed.

Requested Referral Information

- Patient name
- Patient date of birth
- Patient diagnosis/medical information
- Contact name
- Contact phone number
- Patient address

How to Use This Guide

Inside you will find guidelines for hospice appropriateness. They are broken down by co-morbidities and by disease-specific diagnoses for:

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See the last two pages for charts referencing:

- Karnofsky Performance Status Scale
- Pain Scale for Cognitively Impaired Non-Verbal Adults (FLACC Scale)
- Palliative Performance Scale (PPS)

Indications that a hospice consult may be beneficial:

- Frequent hospitalizations in the past six months
- Progressive weight loss (taking into consideration edema weight)
- Increasing weakness, fatigue, and somnolence
- A change in cognitive and functional abilities
- Compromised Activities of Daily Living (ADLs) such as eating, bathing, dressing, toileting, transferring/walking, and continence
- Recurrent infections

Disease Specific Guidelines

- Decreased serum albumin
- Dysphasia with recurrent aspiration pneumonia and/or inadequate oral intake
- Diarrhea, nausea, vomiting
- Pain and/or weakness
- Pressure ulcers stage 3-4, Edema, Ascites or decreased BP below 90
- Increased pCO₂, calcium, creatinine or serum potassium
- Decreased pCO₂, SaO₂, or serum sodium
- Co-Morbidities

The more items present the more predictable the prognosis. It is not necessary to have every item to be eligible for hospice. Co-morbidities may make someone eligible without many of these items present.

Dementia

- Unable to ambulate, dress, bathe or speak more than 6 intelligible words
- 7 on the FAST scale
- Should have experienced **one of the following in the past 12 months:**
 1. Aspiration pneumonia
 2. Pyelonephritis or other UTI
 3. Septicemia
 4. Decubitus ulcer, multiple stages 3-4
Fever, recurrent with antibiotics
 5. 10% weight loss during the past 6 months or serum albumin less than 2.5mg/dl

Heart Disease

- Patient should have been optimally treated with diuretics and vasodilators or patient is not a surgical candidate or has declined a procedure (required)
- NYHA Class IV (required)
- Increased discomfort with activity
- Significant symptoms of CHF or angina at rest
- Ejection fraction of less than or equal to 20%
- The patient does not need to meet all the criteria to be hospice appropriate.

Liver Disease

- Prothrombin time of more than 5 seconds or INR more than 1.5 and a serum albumin of less than or equal to 2.5gm/dl.
- **At least one of the following:**
 1. Spontaneous bacterial peritonitis
 2. Increased creatinine and BUN with oliguria more than 400cc/day
 3. Urine sodium less than 10 mEq/1
 4. Hepatic encephalopathy
 5. Weight loss or muscle wasting
 6. Ascites, unresponsive to treatment

Pulmonary Disease

- Severe chronic lung disease and disabling dyspnea at rest
- Recurring visits to the hospital or physician office for symptom control
- Hypoxia at rest on supplemental O₂, pO₂ less than or equal to 55 mmHG or O₂ sat less than 88%
- Hypercapnea, pCO₂ more than or equal to 50mmHg
- Unintentional weight loss, 10% of body weight over preceding six months

Renal Disease

- Patient not seeking dialysis or renal transplant
- Creatinine clearance less than or equal to 10 cc/min (15 for diabetics)
- Serum creatinine more than or equal to 8.0 mg/dl (6.0 for diabetics)
- Co-morbidities that contribute to the prognosis
- AIDS, Chronic Lung Disease, Malignancy, GI Bleeding, uremia, fluid overload not responding to treatment

Amyotrophic Lateral Sclerosis (ALS)

- Critically impaired breathing capacity
- Dyspnea at rest
- Vital Capacity below 30%
- Requires supplemental O₂
- Rapid progression of ALS and critical nutritional impairment
- Recurrent aspiration pneumonia or urinary tract infections, sepsis, or stage 3–4 decubitus ulcers

- Progression from independent to needing major assistance from caregiver
- Weight loss
- Bed bound for the majority of the waking hours
- Patient should be examined by a neurologist within three months of the assessment for hospice, to confirm diagnosis and progression.

Cancer

- Disease with distant metastases at presentation, OR
- Progression from an earlier stage of disease to metastatic disease with **one of the following:**
 1. Continued decline in spite of treatment
 2. Patient refuses further treatment
- Certain cancers with poor prognoses may be eligible without fulfilling other criteria, such as: small cell lung cancer, brain cancer and pancreatic cancer.

Stroke/Coma

- Karnofsky Performance Score of less than or equal to 40%
- Unable to maintain caloric intake and hydration
- Weight loss of more than 10% in the past 6 months
- Serum albumin less than 2.5 gm/dl
- Not on artificial nutrition or tube feeding
- Abnormal brain stem response
- Unable to withdraw from pain

HIV/AIDS

- CD4 count less than 25 cells/ml or persistent viral load of more than 100,000 copies/ml
- At least one of the following:
 - CNS Lymphoma
 - Cryptosporidium infection
 - Toxoplasmosis, unresponsive to treatment
- Renal failure in the absence of dialysis
- Kaposi's Sarcoma unresponsive to treatment
- Muscle wasting
- Karnofsky Performance Status of less than or equal to 50%

Contact Us

If seeing the signs of appropriateness, they may qualify for hospice.

If you have any questions or would like our team to help with an independent assessment, we are available to you 24/7 at **517-882-4500**.

Hospice of Lansing

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Karnofsky Performance Status Scale

Able to carry on normal activities and to work	100	Normal. No complaints or evidence of disease.
	90	Able to carry on normal activity, minor disease signs or symptoms
	80	Normal activity with effort, some disease signs or symptoms
Unable to work, able to live at home and care for most personal needs – assistance 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 personal needs
	50	Requires considerable assistance and frequent medical care.
Unable to care for self, requires high level of assistance, disease may be progressing rapidly.	40	Disabled, requires specialized care and assistance.
	30	Severely disabled, active supportive treatment is necessary.
	20	Very sick, active supportive treatment is necessary.
	10	Terminal illness is progressing rapidly.
	0	Deceased.

Pain Scale for Cognitively Impaired Non-Verbal Adults (FLACC Scale)

		Score
Face	0 - No particular expression or smile	
	1 - Occasional grimace or frown, withdrawn, disinterested	
	2 - Frequent to constant quivering chin, clenched jaw	
Legs	0 - Normal position or relaxed	
	1 - Uneasy, restless, tense	
	2 - Kicking, or legs drawn up	
Activity	0 - Lying quietly, normal position, moves easily	
	1 - Squirming, shifting back and forth, tense	
	2 - Arched, rigid, or jerking	
Cry	0 - No cry (awake or asleep)	
	1 - Moans or whimpers, occasional complaint	
	2 - Crying steadily, screams or sobs, frequent complaints	
Consolability	0 - Content, relaxed	
	1 - Reassured by occasional touching, hugging, distractible	
	2 - Difficult to console or comfort	

Palliative Performance Scale (PPS)

PPS Level	Ambulation	Activity and Disease Evidence	Self-Care	Intake	Conscious Level
100%	Full	Normal activity and work. No evidence of disease.	Full	Normal	Full
90%	Full	Normal activity and work. Some evidence of disease.	Full	Normal	Full
80%	Full	Normal Activity with Effort. Some evidence of disease.	Full	Normal or reduced	Full
70%	Reduced	Unable normal work/ job. Significant disease.	Full	Normal or reduced	Full
60%	Reduced	Unable hobby/house work. Significant disease.	Occasional Assistance	Normal or reduced	Full or Confusion
50%	Reduced	Unable to do any work. Extensive disease.	Considerable assistance	Normal or reduced	Full or Confusion
40%	Mainly sit/lie	Unable to do most activity. Extensive disease.	Mainly assistance	Normal or reduced	Full or Drowsy ± Confusion
30%	Mainly in bed	Unable to do any activity. Extensive disease.	Total care	Normal or reduced	Full or Drowsy ± Confusion
20%	Bed bound	Unable to do any activity. Extensive disease.	Total care	Minimal to sips	Full or Drowsy ± Confusion
10%	Bed bound	Unable to do any activity. Extensive disease.	Total care	Mouth care only	Drowsy or coma