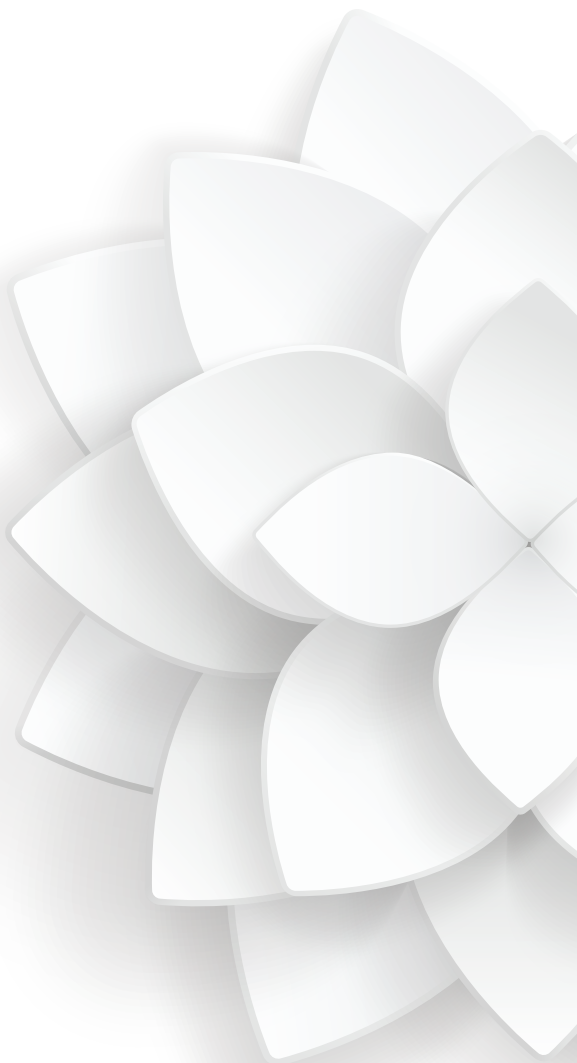


HOSPICE ELIGIBILITY QUICK REFERENCE GUIDE



*Patients are our **Purpose.***

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GENERAL GUIDELINES

Patients experiencing the following symptoms are potential candidates for hospice care.

- › Uncontrolled or increased pain
- › Increasing emergency room visits, hospitalizations, or physician visits
- › Progressive weight loss
- › Recurrent infections
- › Decline in functional status
- › Deteriorating mental abilities
- › Multiple decubitus ulcers
- › Increased breathing difficulties
- › Decreasing Palliative Performance Scale (PPS) score



ASK YOURSELF

“Would I be surprised if this patient died within the next six months?”

If the answer is “No”, then they are most likely appropriate for hospice.



AMYOTROPHIC LATERAL SCLEROSIS

- › ALS (Amyotrophic Lateral Sclerosis)
- › Critically impaired breathing
- › Rapid progression in ALS
- › Critical nutritional impairment
- › Recurrent aspiration pneumonia
- › Two critical factors in determining prognosis
 - › Ability to breathe
 - › Ability to swallow

ALZHEIMER'S DISEASE

- › FAST Scale (7 is required by LCD)
- › Recurrent infections
- › UTI
- › Fever, recurrent after antibiotics
- › 10% weight loss during previous 6 months
- › Aspiration pneumonia

CANCER

- > Palliative Performance Scale
70% or greater
- > Dependence on 2 or more ADL's
- > Pathology report reveals malignancy
or metastases
- > Progression from earlier stage of
disease to metastatic disease

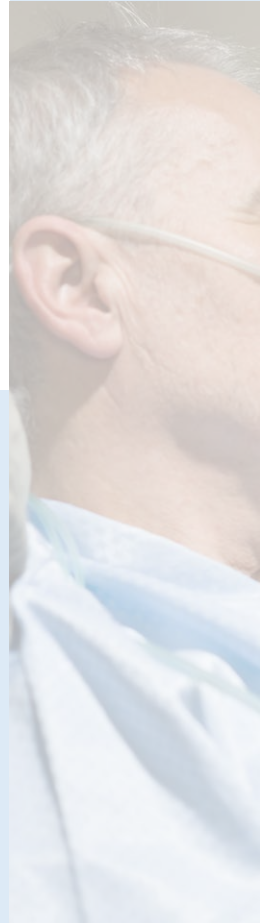
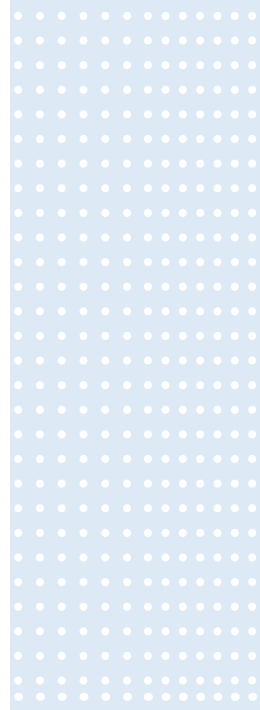
CARDIAC DISEASE

- > Patient optimally treated with
diuretics and vasodilators
- > Angina pectoris at rest
- > Resistant to standard nitrate therapy
- > Unable to carry on physical activity
without symptoms; symptoms increase



1 OUT OF 6

**HOSPICE PATIENTS HAD A PRIMARY
DIAGNOSIS OF HEART DISEASE**



DEMENTIA

- › Stage 7 on the FAST Scale
- › Aspiration pneumonia in the last 12 months
- › UTI
- › Fever, recurrent after antibiotics
- › 10% weight loss over previous six months

HIV DISEASE

- › CD4+ Count < 25 cells/mcL or persistent viral load >100,000 copies/ml
- › CNS lymphoma
- › Wasting (loss of 33% lean body mass)



LIVER DISEASE

- > Ascites
- > Laboratory results show elevated creatinine and BUN
- > Progressive malnutrition
- > Muscle wasting
- > Continued active alcoholism
- > Hepatitis B positivity

PARKINSON'S DISEASE

- > Dyspnea at rest
- > Supplemental O₂ at rest
- > Patient declines artificial ventilation
- > Independent ambulation to wheelchair dependent
- > Normal to barely intelligible speech

»»» **10%**
**OF ALL HOSPICE
PATIENTS HAD
A PRIMARY
DIAGNOSIS OF
LUNG DISEASE**

PULMONARY DISEASE

- › Disabling dyspnea at rest
- › Poor response to bronchodilators
- › Frequent upper respiratory infection
- › Frequent hospitalization
- › Oxygen saturation of 88% or less on room air

RENAL DISEASE

- › Patient not seeking dialysis or renal transplant
- › Laboratory results with increased serum creatinine
- › Comorbids such as sepsis and cachexia

WHY KINDFUL

WE BELIEVE

Clinical care at the end of life is just as important as clinical care at beginning of life.

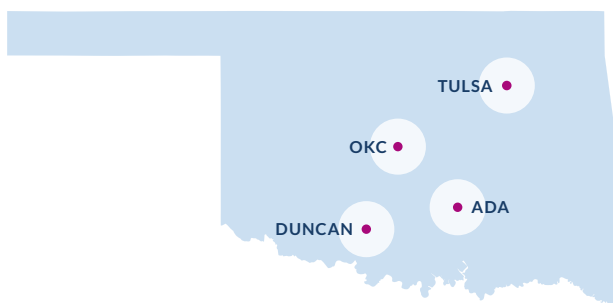
KINDFUL CARE

Providing relief, comfort, compassion and kindness to you and your loved one.

KINDFUL PEOPLE

To deliver *Kindful Care*, we hire to our traits and values creating teams of like minded “kindful” people to deliver on our Purpose, to Serve Patients and their Families.

LOCATIONS NEAR YOU



OKC/NORMAN/DUNCAN

623 North Porter Ave, Suite 200
Norman, OK 73071

PHONE

(405) 360-2400

FAX

(405) 360-2402



ADA

117 S Broadway Ave
Ada, OK 74820

PHONE

(580) 332-6900

FAX

(580) 332-3969



TULSA

12899 E 76th Street North, Suite 116
Owasso, OK 74055

PHONE

(918) 512-8388

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TRANSFORMING *the*
CARE
of SERIOUS ILLNESS

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