



SACRED JOURNEY
HOSPICE

General Hospice Eligibility Triggers

A patient who might be eligible for and benefit from hospice care may demonstrate some of these symptoms:

- Unplanned weight loss
- Excessive sleeping throughout the day
- Multiple hospital visit/stays in the past six months
- Excessive swelling of the legs and ankles, even when feet are propped up
- Difficulty breathing, even at rest or with increased oxygen levels
- Weakness during activities of daily living
- Frequent changes in medications
- Pain that is poorly controlled
- Loss of interest in activities
- Not “bouncing back” after an illness
- Not responding to current treatments or therapy
- Loss of appetite
- Confusion
- Wounds that are not healing
- Loss of speech
- Infections
- Not sleeping through the night due to pain, shortness of breath or other symptoms

For more information about Sacred Journey Hospice, material on hospice myths, or about staff in servicing hospice care, please call us today.

Call 678.583.0717
24/7 Admissions and Care

Symptoms Worksheet for Potential Hospice Eligibility (not all inclusive; to be used as a guide)

From: _____
Phone: _____

Organization: _____
Fax to: 770.727.0202

For all indicators except HIV/AIDS:

- Karnofsky Performance Status Scale $\leq 70\%$
- Palliative Performance Scale $\leq 70\%$

For all indicators except ALS and HIV/AIDS:

- BMI < 22 ; unintentional weight loss or gain

Heart Disease

- NYHA Class IV inability to carry on activity
- Ejection fraction of $\leq 20\%$
- Shortness of breath or angina at rest/minimal activity
- Symptoms persist with optimal doses of medications
- Increased frequency of ER visits or hospitalizations
- History of MI or cardiac arrest; unexplained syncope
- Current inotropic therapy dose unable to be reduced

Pulmonary Disease

- Increased frequency of respiratory infections
- Oxygen saturation $< 88\%$ on room air
- $PCO_2 \geq$ mm HG/decreased functional capacity
- Disabling dyspnea at rest/minimal activity
- Frequency of ER visits/hospitalizations or MD visits
- Resting tachycardia > 100 bpm

Alzheimer's Disease

- FAST scale of ≥ 7 C

Co-morbid conditions associated with dementia in recent 12 months:

- Aspiration pneumonia
- Septicemia
- Pyelonephritis
- Fever, recurrent after antibiotics
- Serum albumin < 2.5 gm/dl

Renal Disease

- Creatinine clearance < 10 cc/min or < 15 cc/min for diabetics
- Serum creatinine 8.0 mg/dl or 6.0 mg/dl for diabetics with co morbidity or CHF
- Glomerular filtration rate (GFR) < 10 ml/min
- Not seeking dialysis, transplant or stopping dialysis
- If on dialysis, prognosis of 6 months or less

Clinical symptoms of renal failure:

- Confusion; nausea/vomiting/restlessness
- Generalize pruritus
- Uremia urine output < 400 cc/24 hr
- Oliguria/intractable hyperkalemia > 7.0

Liver Disease

- Both Prothrombin time > 5 sec over control or INR > 1.5 and serum albumin < 2.5 gm/dl

End-stage liver disease:

- Ascites unresponsive to treatment
- Muscle wasting with reduced ADLs
- Jaundice; hepatic encephalopathy
- Recurrent variceal bleeding

Stroke or Coma

- Dysphagia without tube feeding
- Pulmonary aspiration not responsive to speech pathology intervention
- Serum albumin ≤ 2.5 gm/dl

Complications related to decline in past 12 months:

- Aspiration pneumonia
- Absent verbal response
- Absent withdrawal response to pain
- Serum creatinine > 1.5 mg/dl

Comatose patients day 3 of coma:

- Abnormal brain stem response
- Absent verbal response
- Absent withdrawal response to pain
- Serum creatinine > 1.5 mg/dl

ALS

- Tracheostomy and invasive ventilation and display evidence of critically impaired respiratory function
- Severe nutritional insufficiency
- Loss of 5% of body weight with or without G tube

Critically impaired ventilatory capacity:

- Vital capacity (FVC) less than 40% of predicted
- Significant dyspnea at rest
- Use of accessory respiratory musculature
- Requiring oxygen at rest/minimal activity
- Reduced speech/vocal volume

HIV/AIDS

- CD4+ is below 25 cells/mcL measured when a patient is relatively free from acute illness but should be followed clinically and observed for disease progression and decline in recent functional status
- Patients with a persistent HIV RNA (viral load) of $> 100,000$ copies/ml may have a prognosis less than 6 months
- Have elected to forgo anti retroviral medication
- Karnofsky 50%; Palliative Performance

Scale 50%

- HIV/AIDS with opportunistic diseases
- Serum albumin 2.5 gm/dl
- Age 50 years
- Advanced AIDS dementia complex

Cancer

- Dependence for 2 or more ADLs

Disease with metastases at presentation or progression from an earlier stage of the disease to metastatic disease with either:

- A continued decline in spite of therapy
- Patient declines further disease directed therapy

Evaluate for Sacred Journey Hospice Care (InPatient / Home Patient)

Patient's Name: _____ DOB: _____

Physician Signature: _____ Date: _____

Physician Name (Please Print): _____



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