Stein Hospice

Sharing the journey since 1981

HOSPICE IN A POCKET

3rd Edition

Indications for
Hospice Referrals

1-800-625-5269 steinhospice.org

Thank you for allowing Stein Hospice to be an extension of your services to the patients who turn to you for their care. We hope this booklet is a helpful guideline in determining when your patients may benefit from hospice or palliative services. Determination of hospice eligibility may not reflect the following symptoms or conditions alone but should include assessment of co-morbidity, functionality, and patient care goals. Please contact us at 1.800.625.5269 if you have any questions or if we can be of help to you in any way.

Consistent with our not-for-profit status, all patients are accepted into hospice services regardless of the presence of insurance.

Thank you,
Jan Bucholz, MSN, MBA, RN, CHC
CEO
Stein Hospice

For the most current Hospice eligibility criteria, visit www.cdc.gov search LCD's by state.

Notes

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Consider Hospice Services

When a patient has:

- An advanced illness with a life expectancy of 6 months or less if the illness runs its normal course. In other words, would you be surprised if the patient died within 6 months if the disease continued to progress?
- A physical decline
- Weight loss
- Impaired functional and nutritional status, and would benefit from:
  - Pain management
  - Symptom management
  - Emotional support for patient and family
  - Advance care planning

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Hospice Appropriate Criteria for Cancer

- Evidence of metastatic disease
- Karnofsky score of 50% (refer to page 16 for the Karnofsky scale)

Or

- Karnofsky score of 70% and the patient has progressive disease, worsening clinical signs, declines therapy, or does not qualify for therapy

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Hospice Appropriate Criteria for Cardiac Disease

- PPS<=40%
- Poor response to optimal treatment with diuretic, vasodilator and/or angiotensin converting enzyme (ACE) inhibitor therapy
- New York Heart Association Class IV, this means short of breath at rest (See page 21 for scale)

OR

- Angina pectoris, at rest, resistant to standard nitrate therapy
- CHF symptoms at rest
- New York Heart Association Class IV, this means short of breath at rest (See page 21 for scale)
- Angina at rest and not a candidate for or declines revascularization

Hospice Appropriate Criteria for Dementia

- Stage 7 or beyond on the Reisberg FAST Scale (See scale on page 20)
- Dependent in ADL's (Bathing, Dressing, Ambulating) PPS<=40%
- No meaningful verbal communication, stereotypical phrases only, or ability to speak is limited to 6 or fewer intelligible words

PLUS one of the following:

Aspiration Pneumonia

Septicemia

Pressure ulcers (stage 3-4)

Delirium

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Hospice Appropriate Criteria for HIV/AIDS

Both 1 and 2 must be present:

1. CD4+ Count < 25 cells/mcL or persistent viral load >100,000 copies/ml

2. PPS <= 40% (See scale on pages 17-19)

Plus one of the following:

- CNS lymphoma
- Untreated or non responsive to treatment, wasting (loss of 33% lean body mass)
- Mycobacterium avium complex (MAC)
- Progressive multifocal leukoencephalopathy
- Systemic lymphoma with advanced HIV disease and partial response to chemotherapy
- Visceral Kaposi's sarcoma unresponsive to therapy
- Renal failure with absence of dialysis
- Cryptosporidium infection
- Toxoplasmosis, unresponsive to therapy

Hospice Appropriate Criteria for Liver Disease

Both 1 and 2 must be present:

1. Prothrombin time prolonged more than 5 seconds over control or INR >1.5

2. Serum albumin < 2.5 gm/dl

- PPS<=40%

Plus one of the following:

- Ascites, refractory to treatment, or patient non compliant
- Spontaneous bacterial peritonitis
- Recurrent variceal bleeding
- Hepatic encephalopathy, refractory to treatment, or patient non-compliant
- Hepatorenal syndrome (elevated creatinine and BUN with oliguria (<400ml/day) and urine sodium concentration<10 mEq/l)

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Hospice Appropriate Criteria for Pulmonary Disease

- Disabling dyspnea at rest
- Little or no response to bronchodilators
- PPS<=40%
- Decreased functional capacity
- Progression of the disease (e.g. recent history of frequent hospitalizations or ER visits for pulmonary infections or respiratory failure)
- pO2 <55mmHg on supplemental oxygen
- O2 sat < 88% on supplemental oxygen
- Hypercapnia (PCO2>50mmHg)
- Presence of cor pulmonale or right heart failure
- Resting tachycardia (heart rate >100/min)
- Unintentional weight loss >10% of body weight in past 6 months
- Decreased in FEV1 on serial testing of greater than 40 ml per year

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Hospice Appropriate Criteria for Renal Disease – Acute & Chronic

- Not seeking dialysis or renal transplant
- Not responsive to dialysis
- PPS<=40%

Plus one of the following:

- Serum Creatinine >8mg/dl (>6 mg/dl for diabetics)
- Creatinine clearance level <10cc/min (without comorbid conditions)
- Creatinine clearance <15 cc/min (with comorbid conditions, diabetes or CHF)

GFR can be calculated using either the Cockcroft–Gault equation (see page 22) or use the Modification of Diet in Renal Disease (MDRD) formula.

Common Forms to be Reviewed

DNR-CC

DNR-CC or "Do Not Resuscitate – Comfort Care" means that you will receive care that eases your pain and suffering but no resuscitative measures will be taken to save or prolong life. We will provide comfort, ease the pain, and allow the dying process to proceed naturally. We will not disrupt the natural process of dying with CPR, defibrillation, ventilators, or other artificial means.

Allow Natural Death (AND)

A term we prefer at Stein Hospice is "Allow Natural Death" (AND). This ensures that the natural end of life process will be uninterrupted by endo-trachial tubes, ventilators, or other artificial means such as tube feedings. We will make every effort to make you comfortable throughout the natural process of dying.

DNR-CCA

DNR-CCA or **"Do Not Resuscitate – Comfort Care Arrest"** means resuscitative measures, such as medications, defibrillation, or ventilation, will be taken before a cardiac or respiratory arrest, and must be stopped once an arrest is confirmed (cardiac arrest means an absence of a pulse, and a respiratory arrest means no spontaneous respirations or the presence of agonal breathing). In other words, standard medical care is provided until a cardiac or respiratory arrest occurs. DNR-CCA is not meant to prolong life at all costs but to provide for the specific wishes of the individual.

Tools

Opioid Dosing Concentrations

Key dosing points

- Begin a bowel regimen when opioid therapy is initiated (senna and docusate).
- For CHRONIC pain, use scheduled medication regimen. Example: Morphine Extended Release 15 mg by mouth every 12 hours around the clock.
- For ACUTE or BREAKTHROUGH pain, use immediate release formulations on a PRN basis

Example: Morphine Immediate Release 15 mg by mouth Q 2 hours PRN pain.

1. For PRN doses, use 10-20% of the total 24-hour scheduled dose.
2. PRN doses can be safely re-dosed if pain persists and no sedation is observed after peak opioid effects are reached. Oral= 1 hour, SC= 20-30 min, IV= 10-20 min.

Switching Opioids

- Use Equianalgesic doses (See Table pg. 13)
- Reduce the calculated dose 25-50 % to account for lack of tolerance to the new opioid and inter-patient variability.

Adjusting scheduled and/or PRN opioids for inadequate pain relief

- Three options: a) Add or increase scheduled dose; b) increase PRN dose; c) increase both PRN and scheduled dose
- Dose increases less than 25% do not improve analgesia, except methadone.
- For mild to moderate pain, increase the dose by 25-50%
- For moderate to severe pain, increase the dose 50-100%

Equianalgesic Conversion of Opioids

Drug	SQ or IV Dose	Oral Dose
Morphine	10 mg	30 mg
Hydromorphone	1.5 mg	6 to 7.5 mg
Oxycodone	—	20 to 30 mg
Oxymorphone	—	10 mg
Hydrocodone	—	30 mg
Codiene	120 mg	200 mg

Nociceptive Somatic Pain Control ORAL Starting Dose

Drug	Dose	Frequency	PRN
Morphine	5 mg	q4 hr ATC	5mg q1-4 hr prn BTP
Hydromophone	2 mg	q4 hr ATC	2mg q1-4 hr prn BTP
Oxycodone	5 mg	q4 hr ATC	5mg q1-4 hr prn BTP
Oxycontin	10 mg	q12 hr	Immed. release prn
Hydrocodone	5 mg	q4 hr ATC	5mg q1-4 hr prn BTP
MS Contin	15 mg	q 12 hr	Immed. release prn

ATC = around the clock

Body Mass Index

BMI	19	20	21	22	23	24	25	26	27	28	29	30	31	32
HEIGHT in inches	Hospice Appropriate				Body weight in pounds									
58	91	96	100	105	110	115	119	124	129	134	138	143	148	153
59	94	99	104	109	114	119	124	128	133	138	143	148	153	158
60	97	102	107	112	118	123	128	133	138	143	148	153	158	163
61	100	106	111	116	122	127	132	137	143	148	153	158	164	169
62	104	109	115	120	126	131	136	142	147	153	158	169	175	180
63	107	113	118	124	130	135	141	146	152	158	163	169	175	180
64	110	116	122	128	134	140	145	151	157	163	169	174	180	186
65	114	120	126	132	138	144	150	156	162	168	174	180	186	192
66	118	124	130	136	142	148	155	161	167	173	179	186	192	198
67	121	127	134	140	146	153	159	166	172	178	185	191	198	204

Body Mass Index

BMI	19	20	21	22	23	24	25	26	27	28	29	30	31	32
HEIGHT in inches	Hospice Appropriate				Body weight in pounds									
68	125	131	138	144	151	158	164	171	177	184	190	197	203	210
69	128	135	142	149	155	162	169	176	182	189	196	203	209	216
70	132	139	146	153	160	167	174	181	188	195	202	209	216	222
71	136	143	150	157	165	172	179	186	193	200	208	215	222	229
72	140	147	154	162	169	177	184	191	199	206	213	221	228	235
73	144	151	159	166	174	182	189	197	204	212	219	227	235	242
74	148	155	163	171	179	186	194	202	210	218	225	233	241	249
75	152	160	168	176	184	192	200	208	216	224	232	240	248	256

Karnofsky Performance Scale (KPS)

This scale is used as an instrument developed to assist caregivers in the assessment of a patient's status for ADL's. A score of 50% or less for a cancer diagnosis or a score of 40% or less may be significant.

100	No complaints
90	Able to carry on normal activity. Minor signs or symptoms.
80	Normal activity with effort, some signs or symptoms of disease
70	Cares for self but unable to carry in usual activities.
60	Requires occasional assistance with ADL's and frequent medical care.
50	Requires considerable assistance with ADL's and frequent medical care.
40	Disabled. Requires special care and maximum assistance
30	Severely disabled although death not imminent
20	Gravely ill, unable to swallow, totally dependent
10	Actively dying
0	Death

Hospice Appropriate ↓

Palliative Performance Scale (PPS)

The Palliative Performance Scale or PPS uses five observer-rated domains of ambulation, activity & evidence of disease, self-care, intake, and conscious level correlated to the Karnofsky Performance Scale (0-100). The PPS score provides a snapshot of the patient's functionality.

To use the PPS start at the first column to the left, -Ambulation- and read downward until you reach the level you have observed in the patient.

Go to the next column, -Activity and Evidence of Disease- and read downward again until you reach the level of activity and evidence of disease that matches the patient condition. Repeat the above steps for the other three columns; -Self Care-, -Intake-, and –Conscious level.

Assign the PPS score that most accurately fits the patient's functional level by looking at the levels in each of the columns. If there is variation in the levels, the left hand side of the table (Ambulation, Activity & Evidence of disease, Self Care) generally takes precedence over the right side of the table.

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Palliative Performance Scale (PPS)

PPS Level	Ambulation	Activity and Evidence of Disease	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 to do normal job/work Significant disease	Full	Normal or reduced	Full
60%	Reduced	Unable to do hobby or house work	Occasional assist	Normal or reduced	Full

50%	Mainly Sit/ Lie	Unable to do any work, extensive disease	Considerable assistance needed	Normal or reduced	Full or confusion
40%	Mainly in bed	Unable to do most activity, extensive disease	Mainly assistance	Normal or reduced	Full or drowsy+/- Confusion
30%	Totally Bed Bound	Unable to do any activity, extensive disease	Total care	Normal or reduced	Full or drowsy+/- Confusion
20%	Totally Bed Bound	Unable to do any activity, extensive disease	Total care	Minimal to sips	Full or drowsy+/- Confusion
10%	Totally Bed Bound	Unable to do any activity, extensive disease	Total care	Mouth care only	Drowsy or +/- coma
0%	Death	-	-	-	-

If a patient's score is 50% or lower, they are a candidate for Hospice.

Reisberg FAST Scale
Functional Assessment Staging for Dementia

Progression of decline must be sequential

1	No difficulties
2	Complains of forgetting location of objects, subjective word finding difficulties only.
3	Decreased job functioning evident to coworkers; difficulty in traveling to new locations
4	Decreased ability to perform complex tasks (e.g., planning dinner for guests; handling finances; marketing)
5	Requires assistance in choosing proper clothing for the season or occasion
6a	Difficulty putting proper clothing on without assistance
6b	Unable to bathe properly; may develop a fear of bathing. Will usually require assistance adjusting bath water temperature
6c	Inability to handle mechanics of toileting (i.e. forgets to flush, dosen't wipe properly)
6d	Urinary incontinence, occasional or more frequent
6e	Fecal incontinence, occasional or more frequent
7a	Ability to speak limited to 1-6 words in an average day
7b	Intelligible vocabulary limited to a single word in an average day
7c	Non ambulatory (Unable to walk without assistance)
7d	Unable to sit up independently
7e	Unable to smile
7f	Unable to hold up head

Hospice Appropriate

New York Heart Association (NYHA) Functional Classification

Class I

Patients with cardiac disease, but without resulting limitation of physical activity. Ordinary physical activity does not cause undue fatigue, dyspnea, palpitations or angina pain.

Class II

Patients with cardiac disease resulting in slight limitation of physical activity. They are comfortable at rest. Ordinary physical activity results in fatigue, dyspnea, palpitations or angina pain.

Class III

Patients with limitations of physical activity. They are comfortable at rest. Less than ordinary physical activity causes fatigue, palpitations, dyspnea or angina pain.

Class IV Hospice Appropriate

Patients with cardiac disease resulting in an inability to carry on any physical activity without discomfort. Symptoms of heart failure or of the angina syndrome may be present even at rest. If any physical activity is undertaken, discomfort is increased.

Hospice Appropriate

Formulas

Cockcroft-Gault Formula

$$CCr = \frac{(140 - age) \times weight)}{(72 \times SCr)} \times 0.85 \text{ if female}$$

where CCr is expressed in milliliters per minute, age in years, weight in kilograms, and serum creatinine (SCr) in milligrams per deciliter
*From National Kidney Foundation 2010

ECOG Performance Status

0 - Fully active, able to carry on all pre-disease performance without restriction
1 - Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature, e.g., light house work, office work
2 - Ambulatory and capable of all selfcare but unable to carry out any work activities. Up and about more than 50% of waking hours
3 - Capable of only limited selfcare, confined to bed or chair more than 50% of waking hours
4 - Completely disabled. Cannot carry on any selfcare. Totally confined to bed or chair
5 - Dead

Consider Palliative Care Services

When a patient has:

A prognosis of years versus months

A chronic or serious illness and would benefit from:

- Pain management
- Symptom management
- Emotional support for patient and family
- Advance care planning

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MISSION STATEMENT

To provide comfort, compassion and support during life's final journey….

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