



 **COMMUNITY HOSPICES**
Leaders in End of Life Care Since 1888
*Serving Patients and Families in Maryland,
Northern Virginia, and Washington DC*

End-Stage Disease Indicators

www.communityhospices.org

Admissions/Referrals (866) 234-7742

When should you consider hospice care for a patient?

When curative treatment is no longer available, hospice can be a beneficial care option for patients and supportive to their families. Hospice care includes a full range of services, including medical, pharmaceutical, social, and spiritual support.

Core End-Stage Indicators

- Physical decline
- Weight loss
- Multiple comorbidities
- Serum albumin <2.5gm/dl
- Dependence on most activities of daily living (ADL's)
- Karnofsky score (KPS) <50%

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Amyotrophic Lateral Sclerosis

- Rapid progression of disease
- Intake insufficient to sustain life
- Significant dyspnea, on O₂ at rest
- Declines artificial ventilation
- Medical complications, such as pneumonia or sepsis

Coma-Any Etiology

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

If the patient exhibits one or more of the above disease-specific indicators, along with any of the core indicators, it may be the time to consider hospice care.

Dementia

- Unable to walk without assistance, and
- Urinary and fecal incontinence, and
- No consistently meaningful verbal communication, and
- Unable to dress without assistance

Plus any one of the following:

- 10% weight loss in previous six months
- Serum albumin < 2.5 g/dl
- Recurrent fevers
- Aspiration pneumonia
- Pyelonephritis or UTI
- Multiple stage III or stage IV decubitus ulcers

Heart Disease – CHF

- NYHA Class IV Disease
- Symptomatic at rest despite optimal diuretic/vasodilator therapy
- Not a candidate/declines revascularization

Liver Disease

- PT > 5 sec above control or INR > 1.5 and
- Serum albumin < 2.5 g/dl

Plus any one of the following:

- Refractory ascites
- Spontaneous bacterial peritonitis
- Hepatorenal syndrome
- Encephalopathy with asterixis, somnolence, coma
- Recurrent variceal bleeding

HIV/AIDS

- CD4 < 25 cells/ul or persistent viral load > 100,000 copies/ml, and
- KPS < 50, and
- Antiretroviral therapy no longer effective or desired

Plus any one of the following:

- Wasting syndrome
- PML (progressive multifocal leukoencephalopathy)
- Cryptosporidiosis
- MAC (mycobacterium avium complex), unresponsive to treatment
- Visceral Kaposi's sarcoma, unresponsive to treatment
- Toxoplasmosis, unresponsive to treatment

Pulmonary Disease

- Documented disease progression
- Disabling dyspnea at rest
- Pulmonary infections

Plus any one of the following:

- $pO_2 < 55\text{mmHg}$ on room air
- $pCO_2 > 50\text{ mmHg}$
- $\text{Sat } O_2 < 88\%$ (on supplemental oxygen)

Stroke

- Poor nutritional status
- Poor functional status
- Persistent vegetative state
- Post-stroke dementia
- Medical complications

If the patient exhibits one or more of the above disease-specific indicators, along with any of the core indicators, it may be time to consider hospice care.

Renal Disease

- Patient not seeking dialysis, and
- Patient not a candidate for renal transplant

Plus any of the following:

- Creatinine clearance $< 10\text{ cc/min}$ (without comorbid conditions)
- Creatinine clearance $< 15\text{ cc/min}$ (with comorbid diabetes or CHF)
- Creatinine clearance $< 20\text{ cc/min}$ (with comorbid diabetes and CHF)
- Serum creatinine $> 8.0\text{ mg/dl}$ (>6.0 for diabetics)

Breast Cancer

- Stage IV disease at presentation, or
- Progression to metastatic disease in spite of definitive therapy, and
- $\text{KPS} < 50$

Lung Cancer

- Stage IV disease at initial diagnosis, or
- Stage III disease with pleural effusion, or
- Stage III disease with continued decline in spite of definitive therapy, and
- KPS < 70

Prostate Cancer

- Stage IV disease, and
- Patient is refractory to or refuses further disease directed therapy, and
- KPS < 50

Karnofsky Performance Status Score

The Karnofsky score, used an indicator for hospice appropriateness, measures patient performance of activities of daily living.

Score Function

- 100 Normal, no evidence of disease
- 90 Able to perform normal activity with only minor symptoms
- 80 Normal activity with effort, some symptoms
- 70 Able to care for self but unable to do normal activities
- 60 Requires occasional assistance, cares for most needs
- 50 Requires considerable assistance
- 40 Disabled, requires special assistance
- 30 Severely disabled
- 20 Very sick, requires active supportive treatment
- 10 Moribund



About Hospice

Hospice care can be a beneficial care option for terminally ill patients and their families.

When curative treatment is no longer possible, many individuals turn to hospice care as a way to spend their remaining time in comfort and peace, surrounded by family and friends. Patients receiving hospice services benefit from the latest pain and symptom management techniques, as well as emotional and spiritual support tailored to their specific needs.



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