

IS YOUR PATIENT ELIGIBLE FOR HOSPICE?

A checklist for clinicians including emergency department staff



General Hospice Eligibility Guidelines:

- Dependent in 2-3 of 6 ADLs
- Shortness of breath at minimal exertion
- Multiple ER visits/hospitalizations
- 10% weight loss in the last 6 months
- Recurring falls with injuries
- Decreased tolerance of physical activities

Diagnosis-Specific Hospice Eligibility Guidelines:

Sepsis

- Hospice-eligible but not previously identified.
The prognosis worsens with the following:
 - Vasopressors
 - Mechanical ventilation
 - Hyperlactatemia
 - Acute kidney injury
 - Hepatic injury
 - Thrombocytopenia

Alzheimer's Disease and Other Dementias

- Consider hospice if a patient meets both:*
- Dependent in 3/6 ADLs
- One of the following complications:
 - Pneumonia
 - Recurring UTIs
 - Sepsis
 - Weight loss (10% in 6 months)
 - Hip fracture
 - Two, stage 3 or 4 pressure ulcers
 - Difficulty swallowing
 - Feeding tube consideration
 - Delirium

Cancer

- Consider hospice if a patient meets both:*
- Spends 50% of the time in bed or chair during waking hours
- No longer pursuing chemotherapy and/or immunotherapy

Lung Disease

- Consider hospice if a patient meets both:*
- Dyspnea at rest/with minimal exertion using oxygen therapy
- One of these progressions:
 - Frequent ER visits/hospitalizations
 - Cor pulmonale

Heart Disease

- Consider hospice if a patient meets all:*
- NYHA Class III or IV (fatigue, angina, or dyspnea at rest or with minimal exertion)
- Multiple ER visits or hospitalizations
- Not a surgical candidate

Liver Disease

- Consider hospice if a patient meets both:*
- INR > 1.5 and serum albumin < 2.5 g/dl
- One of the following complications:
 - Recurring ascites
 - Spontaneous bacterial peritonitis
 - Hepatic encephalopathy
 - Variceal bleed
 - Weight loss of 10%
 - Hepatorenal syndrome/"HRS"