

## How is prognosis determined?

Your clinical judgment of the prognosis is the most important criterion. Ask yourself: Would you be surprised if this patient died within the next six to twelve months? If your answer is NO, this patient is likely to be eligible for hospice services.

### These patients may exhibit:

- General clinical decline due to the combined effects of several diseases or conditions (*see below*).
- Clinical decline in the setting of a specific end-stage disease (*see inside*).

## Guidelines for hospice: General Clinical Decline

(usually several will be present)

- Frequent hospitalization, ER and MD visits
- Recurrent infections
- Progressive unintended weight loss
- Dysphagia and/or aspiration
- Increasing weakness or fatigue
- Progressive decline in ability to ambulate and perform daily activities
- Development of incontinence
- Decline in cognitive abilities
- Recurrent dehydration and hypotension
- Progressive stage 3–4 pressure ulcers
- Severe edema or effusions (pleural or pericardial)
- Arterial, venous or lymphatic obstruction
- Laboratory data: Decreasing serum albumin or cholesterol

*See inside for disease-specific guidelines.*



Sutter VNA & Hospice

A Sutter Health Affiliate

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## Did you know...

- Hospice services include regular nurse visits, social services, spiritual and emotional support, 24-hour phone assistance, patient and family education, volunteer respite care, and coordination of care.
- Hospice services are a Medicare benefit and are also covered by most private insurance plans and Medi-Cal.
- Patients may choose to revoke and/or re-elect the Hospice Medicare benefit at any time.
- Since prognosis is never certain for a given individual, there is no “penalty” for early referral.
- The Medicare Hospice Benefit is available for two 90-day certification periods, followed by unlimited 60-day certification periods, as long as the patient continues to meet criteria.
- At Sutter VNA & Hospice, your community-based, not-for-profit hospice provider, no patient is refused for lack of funds.

For more information or  
to make a hospice referral, call:  
**1-800-557-9777**



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## Guidelines for Hospice Referrals

**Patients today want to make choices about their end of life care and look to you for guidance. As your hospice team, we at Sutter VNA & Hospice work with you to offer compassionate care for your patients with limited life expectancy.**

**Patients may receive hospice care in their home, in a care facility, or in an acute care hospital.**

## Patients are eligible for hospice care if they:

- Have a prognosis of six months or less, assuming the disease runs its normal course.
- Desire palliative (comfort) care.
- Choose to forego curative disease-based treatment. (Patients who wish to continue disease-based treatments, such as chemotherapy, may qualify for AIM, the innovative Sutter VNA & Hospice Advanced Illness Management program available in many of the areas we serve.)

*See inside for general  
and disease-specific  
hospice guidelines.*

Community Based, Not for Profit

## Guidelines for hospice: Disease-Specific Indicators

**Patients with many different conditions have a limited life expectancy and are eligible for hospice care.**

**Hospice-eligible patients in general will show decline in some combination of ambulation, self-care, food intake or mental status.**

### MALIGNANCY

- Metastatic disease OR evidence of progression in spite of treatment or if treatment declined
- Patient declining further therapy
- Cancer with poor prognosis

### CARDIAC DISEASE

- NYHA Class IV criteria: dyspnea or chest pain at rest or with minimal exertion
- Ejection fraction 20% or less (*Only if test result available*)
- Paroxysmal nocturnal dyspnea
- Decreasing effectiveness of medication/frequent medication changes
- History of arrhythmia, syncope, embolism or cardiac arrest
- Concurrent HIV infection

### DEMENTIA

- Unable to ambulate without help, no meaningful verbal communication (*6 words or less*)
- Incontinent of bladder/bowel
- One of the following in the past twelve months: aspiration pneumonia, pyelonephritis, septicemia, decubitus ulcers, recurrent fever

### HIV/AIDS

- CD-4 < 25 or viral load > 100,000
- Significant functional decline (*e.g., homebound, from ambulatory to wheelchair/bed, etc.*)
- Infections/neoplasia: CNS lymphoma, Mycobacterium Avium Complex (MAC), Progressive Multifocal Leukoencephalopathy (PML), visceral Kaposi's sarcoma, cryptococcosis or toxoplasmosis

### PULMONARY DISEASE

- Disabling dyspnea, progressive symptoms
- Hypoxemia at rest (*O2 saturation <88% on room air*)
- Weight loss > 10% of body weight in previous 6 months
- Cor pulmonale, resting tachycardia (*>100/min.*)

### STROKE

- (acute or chronic post-stroke sequelae)*
- Acute imaging CT/MRI: major bleed, large/bilateral infarcts
  - Major functional impairment (*e.g., hemiplegia/paresis*)
  - Inability to maintain adequate hydration or caloric intake
  - Chronic: recurrent aspiration, pyelonephritis, stage 3-4 decubitus ulcers, recurrent fever

### LIVER DISEASE

- INR > 1.5, serum albumin <2.5 off coumarin
- Refractory ascites, encephalopathy
- Recurrent variceal bleeding
- Hepatorenal syndrome

### COMA

- No brain stem function
- No verbal response
- No response to painful stimulation

### RENAL DISEASE

*(acute or chronic)*

- Not a candidate/not opting for dialysis or transplantation
- Serum creatinine > 8 (*> 6 if diabetic*)

### ALS

- Impaired lung function (*dyspnea at rest, VC <30%*) and not opting for mechanical ventilation
  - Significant functional decline (*e.g., from ambulatory to wheelchair/bed*)
  - Significant nutritional decline (*weight loss, from normal to pureed diet, inability to maintain adequate hydration or caloric intake*)
  - Complications: recurrent aspiration, pyelonephritis or sepsis, stage 3-4 decubitus ulcers, recurrent fever
- (Patients with other end-stage neurologic disease are also appropriate for hospice.)*

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