

# Qualifying Hospice Guidelines for ALS



*Patients are considered eligible for hospice care if they do not elect tracheostomy and invasive ventilation and display evidence of critically impaired respiratory function (with or without use of NIPPV) and/or severe nutritional insufficiency (with or without use of a gastrostomy tube).*

## **Critically impaired respiratory function as defined by:**

1. FVC 40% predicted and **2 or more** of the following:
  - Dyspnea at rest
  - Orthopnea
  - Use of accessory respiratory musculature
  - Paradoxical abdominal motion
  - Respiratory rate 20
  - Reduced speech / vocal volume
  - Weakened cough
  - Symptoms of sleep-disordered breathing
  - Frequent awakening
  - Daytime somnolence / excessive daytime sleepiness
  - Unexplained headaches
  - Unexplained confusion
  - Unexplained anxiety
  - Unexplained nausea
2. If unable to perform the FVC they should manifest 3 or more of the above symptoms/signs

*Severe nutritional insufficiency is defined as: dysphagia with progressive weight loss of at least 5% (with or without election for gastrostomy tube insertion).*

Information obtained from: [ngsmedicare.com/NGSMedicare/lcd/L25678\\_active\\_lcd.htm](http://ngsmedicare.com/NGSMedicare/lcd/L25678_active_lcd.htm) dated 6.5.09. This sheet is designed as a fact-finding tool to help determine prognosis as it relates to making a hospice referral. This sheet is not intended to be used to formulate diagnosis and does not confirm/rule out hospice qualification. If the patient meets the factors you may wish to make a referral to Hospice of Spokane. You may do so by calling 509.456.0438 or filling out the online referral form at <http://hospiceofspokane.org/admissions.html>.

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