

# Qualifying Hospice Guidelines for General Debility



Parts 1, 2 are weighted more than part 3.

## Part 1: Worsening of clinical status

- Recurrent or intractable infection; pneumonia, sepsis, UTI
- Weight loss of at least 10% body weight in past 6 months not due to reversible causes.
- Dysphagia leading to recurrent aspiration and/or decreased oral intake
- Decreasing serum albumin or cholesterol

## Part 2: Worsening of signs and symptoms

- Decline in systolic BP <90 or postural hypotension
- Ascites
- Metastases or disease progression of venous, arterial or lymphatic systems
- Edema
- Pleural or pericardial effusions
- Weakness
- Changes in level of consciousness
- Dyspnea with increased respiration rate
- Intractable cough
- Nausea and vomiting poorly responsive to treatment
- Intractable diarrhea
- Increased needs of pain medication

## Part 3: Labs (if available)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Increasing pCO <sub>2</sub> or<br>decreasing pO <sub>2</sub> or O <sub>2</sub> sat. | <input type="checkbox"/> Increasing Ca         | <input type="checkbox"/> Increasing Creatinine     |
| <input type="checkbox"/> Increasing AST/ALT  | <input type="checkbox"/> Increasing CEA or PSA | <input type="checkbox"/> Increasing K <sup>+</sup> |
| <input type="checkbox"/> Increasing or decreasing NA <sup>+</sup>  |  |  |

## Co-morbidities:

- |                                      |                          |               |                          |                              |                          |
|--------------------------------------|--------------------------|---------------|--------------------------|------------------------------|--------------------------|
| COPD                                 | <input type="checkbox"/> | CHF           | <input type="checkbox"/> | Ischemic heart disease       | <input type="checkbox"/> |
| Diabetes mellitus                    | <input type="checkbox"/> | Neurologic dx | <input type="checkbox"/> | Renal failure                | <input type="checkbox"/> |
| Liver disease                        | <input type="checkbox"/> | Neoplasia     | <input type="checkbox"/> | AIDS                         | <input type="checkbox"/> |
| Dementia                             | <input type="checkbox"/> | Other         | <input type="checkbox"/> | Stage 3 or 4 pressure ulcers | <input type="checkbox"/> |
| Increasing ER, hospital or MD visits | <input type="checkbox"/> |               |                          |                              |                          |

Decline in KPS ([Click here](#)), PPS ([Click here](#)) or advancing FAST score ([Click here](#)).

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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