

# General Hospice Guidelines for Liver Disease



Liver disease: Data from **both** 1 & 2 should be present to qualify for hospice care

1. Lab tests should have both values:
  - Prothombin time >5 secs over control or INR >1.5
  - Serum Albumin <2.5 gm/dl
2. Should have at least one of the following co-morbidities:
  - Ascites refractory to tx or patient non-compliant
  - Spontaneous bacterial peritonitis
  - Hepatorenal syndrome w/ elevated creatinine and BUN w/ Oliguria (<400 ml/day) and urine sodium concentration <10 mEq/l
  - Hepatic encephalopathy / refractory to tx or patient non-compliant
  - Recurrent variceal bleeding despite intensive therapy

## Supporting Data (if available)

- |  |   |
|--|---|
| <input type="checkbox"/> Progressive malnutrition            | <input type="checkbox"/> Muscle wasting w/ reduced strength & endurance |
| <input type="checkbox"/> Cont. active alcoholism (>80gm/day) | <input type="checkbox"/> Hepatocellular carcinoma                       |
| <input type="checkbox"/> HBsAg positive                      | <input type="checkbox"/> Hep C refractory to interferon therapy         |

## Other 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"/>         |   |

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>.