

Qualifying Hospice Guidelines for Renal Disease



Acute Renal Failure:

1 and **either** 2 or 3 or 4 should be present to qualify for hospice care

1. Dialysis:

- Patient seeking neither dialysis nor renal transplantation **OR**
- Discontinuing dialysis

2. Creatinine clearance pick on or more values:

- <10 ml/min (<15 ml/min for diabetics)
- <15 ml/min (<20 ml/min for diabetics) with co-morbidity of CHF

3. Serum creatinine >8 mg/dl

4. Estimated GFR <10 ml/min

Acute Renal Failure – Co-morbid conditions

- | | |
|-----------------------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> Mechanical ventilation | <input type="checkbox"/> Malignancy of other organ system |
| <input type="checkbox"/> Chronic lung disease | <input type="checkbox"/> Advanced cardiac disease |
| <input type="checkbox"/> Advanced liver disease | <input type="checkbox"/> Albumin <3.5 gm/dl |
| <input type="checkbox"/> Immunosuppression / AIDS | <input type="checkbox"/> Platelet count <25,000 |
| <input type="checkbox"/> Disseminated intravascular coagulation | <input type="checkbox"/> GI bleeding |

Chronic Kidney Disease:

1 and **either** 2 or 3 or 4 (see above) should be present to qualify for hospice care

Supporting Signs and Symptoms of Renal Failure:

- | | |
|--------------------------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> Uremia | <input type="checkbox"/> Oliguria (<400 ml/24 hrs) |
| <input type="checkbox"/> Hyperkalemia (>7.0) not responsive to treatment | <input type="checkbox"/> Uremic pericarditis |
| <input type="checkbox"/> Hepatorenal syndrome | <input type="checkbox"/> Fluid overload not responsive to treatment |

Information obtained from: 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>.