

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 need of pain medication

Part 3: Labs (if available)

- | | | |
|--|--|--|
| <input type="checkbox"/> Increasing pCO ₂ or
decreasing pO ₂ or O ₂ 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 ⁺ |
| <input type="checkbox"/> Increasing or decreasing NA ⁺ | | |

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 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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