

# 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 one or more values:

- <10 ml/min (<15 ml/min for diabetics) **OR**
- <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](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>.