

Qualifying Hospice Guidelines for Stroke/Coma



Stroke:

1. Decline in Karnofsky Performance Status or Palliative Performance Score of <40%.

Click here for KPS _____ *Click here for PPS* _____

AND

2. Inability to maintain hydration and caloric intake with one or more of the following:

- _____ Weight loss >10% in past 6 months or >7.5% in past 3 months
- _____ Serum albumin <2.5 gm/dl; current history of pulmonary aspiration not responsive to speech language pathology intervention; sequential calorie counts documenting inadequate caloric / fluid intake
- _____ Dysphagia severe enough to prevent patient from consuming fluids/foods necessary to sustain life and patient does not receive artificial nutrition and hydration

Coma (any etiology):

1. Comatose patients with any 3 of the following on day three of coma:

- _____ Abnormal brain response
- _____ Absent verbal response
- _____ Absent withdrawal response to pain
- _____ Serum creatinine >1.5 mg/dl

2 and 3 are factors which support poor prognosis and hospice eligibility

2. Documentation of medical complications, in the context of progressive clinical decline, within the past 12 months would support a terminal prognosis.

- _____ Aspiration pneumonia
- _____ Pyelonephritis
- _____ Refractory stage 3-4 decubitus ulcers
- _____ Fever recurrent after antibiotics

3. Diagnostic imaging supporting poor prognosis after stroke include:

a. Non-traumatic hemorrhagic stroke

- _____ Large-volume hemorrhage on CT
- _____ Infratentorial ≥ 20 ml
- _____ Supratentorial ≥ 50 ml
- _____ Ventricular extension of hemorrhage
- _____ Surface area involvement of hemorrhage >30% of cerebrum
- _____ Midline shift >1.5cm
- _____ Obstructive hydrocephalus in pt who declines or not a candidate for ventriculoperitoneal shunt

b. Thrombotic/embolic stroke:

- _____ Large anterior infarcts with both cortical & subcortical involvement
- _____ Large bihemispheric infarcts
- _____ Basilar artery occlusion
- _____ Bilateral vertebral artery occlusion

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>.