

One of the best questions to ask is

“Would I be surprised by this patient’s death within the next year?”

COMMON INDICATORS OF END-STAGE DISEASE

Patient may exhibit ONE or MORE of the following indicators

Renal Disease

- Creat. Clear. <10cc/min (<15cc/min in diabetics)
- No dialysis, no renal transplant
- Signs of uremia
- Intractable fluid overload
- Oliguria <400cc/24 hrs
- Hyperkalemia >7.0 mEq/L

Liver Disease

- Bleeding problems
- Serum albumin <2.5g/dl
- Ascites despite diuretics
- Peritonitis
- Hepatorenal syndrome
- Encephalopathy
- No liver transplant

Amyotrophic Lateral Sclerosis

- Difficulty walking and with ADL’s
- Barely intelligible speech
- Difficulty swallowing
- Declining nutritional status
- Frequent infections/hospitalizations

Dementia

- Unable to walk
- Urinary and fecal incontinence
- Nearly no speech
- Unable to dress without assistance
- Unable to sit or hold head up
- Frequent infections/hospitalizations
- Difficulty swallowing/eating
- Weight loss (10% in 6 months)

Pulmonary Disease (COPD)

- Dyspnea at rest or with minimal activity
- FEV1<30% after bronchodilators
- Recurrent pulmonary infections
- Cor pulmonale/right heart failure
- Weight loss
- Resting tachycardia>100/min
- Oxygen dependent

Heart Disease - CHF

- NYHA Class IV
- Discomfort (SOB or CP) with minimal physical activity
- Arrhythmias resistant to treatment
- CAD/Angina resistant to treatment
- History of cardiac arrest
- Cardiogenic embolic CVA

CVA and Coma

- Bedridden or comatose
- Dysphagia
- Weight loss (despite feeding tube, if present)
- Frequent infections/hospitalizations

Debility (Failure to Thrive)

- Multiple comorbidities
- Frequent infections/hospitalizations
- Physical / functional decline
- Significant weight loss (10% in 6 months)
- Serum Albumin <2.5 gm/dl
- Dependence in most ADL’s

Did you know?

- Highly functioning patients may be able to receive the following treatments for symptom management:
 - o Radiation therapy
 - o Chemotherapy
 - o Surgical interventions
 - o Total parenteral nutrition (intravenous)
 - o Enteral nutrition (feeding tube)
 - o Blood transfusions
 - o Intravenous antibiotics / medications / hydration
 - o Spinal pain medications
 - o BIPAP and CPAP

The Hospice Medical Director can advise on:

- o Opioid prescribing
- o End-of-life symptom management
- Note: Hospice physicians can take over care of patient at request of attending M.D.

These are guidelines. Each patient is unique. Please call our Admissions Experts at 634-2102 to determine appropriateness of hospice admission.