

#### How is prognosis determined?

Your clinical judgment of the prognosis is the most important criterion. **Ask yourself:** Would you be surprised if this patient died within the next six months? If your answer is NO, this patient is likely to be eligible for hospice services.

#### These patients may exhibit:

- General clinical decline due to the combined effects of several diseases or conditions (see below).
- Clinical decline related to specific end-stage disease (see inside).

#### Guidelines for hospice:

##### General Clinical

(usually several will be present)

- Frequent hospitalization, ER and MD visits
- Recurrent infections
- Progressive unintended weight loss
- Dysphagia and/or aspiration
- Increasing weakness or fatigue
- Progressive decline in ability to ambulate and perform daily activities
- Development of incontinence
- Decline in cognitive abilities
- Recurrent dehydration and hypotension
- Progressive stage 3-4 pressure ulcers
- Severe edema or effusions (pleural or pericardial)
- Arterial, venous or lymphatic obstruction
- Laboratory data: Decreasing serum albumin or cholesterol

See inside for disease-specific guidelines.

#### Did you know...

- Hospice services include regular nurse visits, psychosocial services, spiritual and emotional support, 24-hour phone assistance, patient and family education, volunteer respite care, and coordination of care.
- Hospice services are covered 100% for those who are Medicare eligible and are also covered by most private insurance plans. Included are all medications related to the life-limiting illness along with medical equipment and supplies.
- Patients may choose to revoke and/or re-elect Hospice care at any time.
- Experts agree that patients need at least 60 days of hospice care to maximize benefits.
- At Hospice of the Calumet Area, your community-based not-for-profit hospice, no patient is denied services based on their ability to pay.

For more information or to make a hospice referral, call:  
**219-922-2732 / 708-895-8332**



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*Providing the "Gold Standard" in Comfort Care since 1981*



## Guidelines for Hospice Referral

Patients today want to make choices about their end-of-life care and look to you for guidance. As your hospice team, we at Hospice of the Calumet Area work with you to offer compassionate care for your patients with limited life expectancy.

Patients may receive hospice care in their home, in a care facility, at our hospice home, or in an acute care hospital.

#### Patients are eligible for hospice care if they:

- Have a prognosis of six months or less, assuming the disease runs its normal course.
- Desire palliative (comfort) care.
- Choose to forego curative disease-based treatment.

*See inside for general and disease-specific hospice guidelines.*

## Guidelines for hospice: Disease-Specific Indicators

Patients with many different conditions have a limited life expectancy and are eligible for hospice care. Although hospice is usually associated with cancer, many chronic diseases are just as life-threatening. The failure to recognize them as such often exposes patients to a lot of unnecessary intervention.

Hospice of the Calumet Area uses Medicare (CMS) guidelines. CMS recognizes that making medical prognostication of life expectancy is not always an exact science. Thus, physicians need not be concerned. There is no risk to a physician about certifying an individual for hospice care that he or she believes to be terminally ill.

Many physicians appreciate the fact that hospice care enables family and loved ones to participate in the experience and to get help from the hospice in managing their own feelings and reactions to the illness. The value of hospice care is recognized and advocated by many physicians and other health care professionals. Hospice consistently reduces patients' need for re-hospitalization, decreases emergency room visits and phone calls to physicians.

If you have any questions regarding the eligibility of one of your patients, **please call Hospice of the Calumet Area to speak with a our Admissions Team.**

### CANCER

- Any diagnosis with life expectancy of less than 6 months
- Metastatic disease OR evidence of progression in spite of treatment
- Patient declining further therapy
- Cancer with poor prognosis

### CARDIAC DISEASE

- NYHA Class IV criteria: dyspnea or chest pain at rest or with minimal exertion
- Ejection fraction 20% or less (*Only if test result available*)
- Paroxysmal nocturnal dyspnea
- Decreasing effectiveness of medication/frequent medication changes
- History of arrhythmia, syncope, embolism or cardiac arrest
- End stage cardiomyopathy
- End stage CHF
- Long-term CHF and multiple MI's

### NEUROMUSCULAR DISEASE

- End stage ALS and Parkinson's disease
- Unable to walk
- Barely intelligible speech
- End stage muscular dystrophy
- Declines assisted ventilation

### LIVER DISEASE

- No liver transplant
- Advancing cirrhosis
- Jaundice
- Ascites with lymphedema
- Hepatic encephalopathy

### PULMONARY DISEASE

- Discomfort with physical activity
- End Stage COPD
- Pulmonary fibrosis
- Bronchiectasis
- Disabling dyspnea at rest

### NEUROLOGICAL DISEASE

- End stage Alzheimer's
- End stage multi-infarct dementia
- Unable to walk without assistance
- Urinary and fecal incontinence
- Difficulty swallowing/leaving
- Weight loss  $\geq$  10% in last 6 months
- Intracranial hemorrhage

### RENAL DISEASE

- Decision to discontinue or refuse dialysis
- Transplant failure
- Progressively worsening uremia
- Hepatorenal syndrome

### HIV/AIDS

- Treatment failure by AZT or other antiviral therapy
- Malignancy such as Kaposi's Sarcoma or lymphoproliferative malignancy
- Encephalopathy

### FAILURE TO THRIVE

- Declining nutritional support
- Non-response to nutritional support despite adequate calorie intake
- Body mass index below 22kg/m<sup>2</sup>

### HEMATOLOGIC DISEASE

- Progressive hematologic malignancy refractory to biologic response
- Neurologic degeneration due to pernicious anemia
- Hemochromatosis due to transfusions
- Congenital immune deficiency syndromes
- Organ failure

### STROKE & COMA

- Significant CVA
- A continuous decline in clinical or functional status
- Comatose state lasting more than 3 days
- Post-stroke dementia
- Increasing medical complications