All Diagnoses

The following are general guidelines for determining a life expectancy of six months or less, if the disease runs its normal course. However, some patients may not meet the criteria, yet are still eligible for hospice care because of other co-morbid conditions or rapid decline. *Patients are evaluated based on prognosis rather than diagnosis.*

**PATIENT SHOULD MEET ALL OF THE FOLLOWING CRITERIA:**

- Terminal condition either due to a specific diagnosis or a combination of diseases that would result in death within 6 months
- Patient and/or Family have chosen a course of palliative care
- Nurse or physician assessment documented clinical progression of disease process including laboratory, radiology or other studies (if available)

**SUPPORTIVE DOCUMENTATION (Not Required):**

- Unintentional, progressive weight loss greater than 10% of body weight
- Body Mass Index (BMI), 22kg/m and decline of or no response to enteral/parenteral nutritional support
- Multiple ER visits or hospitalizations over the previous 6 months
- Functional decline (Karnofsky Performance Status less than or equal to 50% or dependence in 3 ADL’s)
- Serum albumin less than 2.5 gm/dl
- Multiple comorbid conditions

### End-Stage Liver Disease

**PATIENT SHOULD NOT BE A CANDIDATE FOR LIVER TRANSPLANTATION**

Should show all:  ■ Prothrombin time prolonged more than 5 sec. over control  ■ Serum albumin < 2.5 gm/dl.  ■ INR > 1.5

**SHOULD SHOW AT LEAST ONE OF THE FOLLOWING:**

- Spontaneous bacterial peritonitis
- Hepatorenal syndrome (elevated Creatinine and BUN with oliguria)
- Intractable bleeding
- Hepatic encephalopathy

**THE FOLLOWING MAY WORSEN PROGNOSIS:**

- Progressive malnutrition
- Continued active alcoholism
- Muscle wasting with reduced strength and endurance
- Hepatocellular carcinoma
- HBsAG positivity

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End-Stage AIDS

**PATIENT SHOULD HAVE BOTH OF THE FOLLOWING:**

1. CD4 less than 25 cells/mcL

2. Persistent HIV RNA (viral load) of >100,000 copies/ml

**AND ONE OF THE FOLLOWING:**

- CNS lymphoma (2.5 months)
- MAC bacteremia, untreated/ unresponsive
- Renal failure in absence of dialysis
- Progressive multifocal leuko- encephalopathy
- Untreated/unresponsive wasting
- Visceral Kaposi’s sarcoma unresponsive to therapy
- Cryptosporidium infection
- Toxoplasmosis unresponsive to treatment

**OR**

2. Declining functional status as evidenced by Karnofsky Performance Status (KPS) ≤ 50%

**SUPPORTIVE DOCUMENTATION:**

- Chronic persistent diarrhea for one year
- Decisions to forego antiretroviral, chemotherapeutic and prophylactic drug therapy related specifically to HIV disease
- Congestive heart failure, symptomatic at rest
- Persistent serum albumin <2.5 gm/dl
- Concomitant substance abuse
- Advanced AIDS dementia

Pulmonary Disease

**PATIENT SHOULD MEET THE FOLLOWING CRITERIA:**

1. Dyspnea at rest
2. Frequent ER visits or hospitalizations for exacerbations

**SUPPORTIVE DOCUMENTATION:**

- Presence of Cor Pulmonale or Right-sided Heart Failure (due to advanced pulmonary disease) documented by Echocardiogram, EKG, CXR, physical signs of CHF
- Unintentional, progressive weight loss of greater than 10% of body weight over the preceding six months
- Resting tachycardia greater than 100/minute in a patient with known COPD
- Hypoxemia and/or hypercapnia at rest while on oxygen

718.472.1999 or 516.222.1211
**Alzheimer’s / Dementia**

At or beyond Stage Seven on the Functional Assessment Staging (F.A.S.T.)

**PATIENT SHOULD SHOW ALL OF THE FOLLOWING CHARACTERISTICS:**
- Inability to perform ADL’s without assistance
- Speech is limited to approximately six or fewer words

**SUPPORTING MEDICAL COMORBID OR SECONDARY CONDITIONS:**
- Aspiration pneumonia
- Fever recurrent after antibiotics
- Pyelonephritis or other upper urinary tract infections
- Nonambulatory
- Urinary and fecal incontinence
- Septicemia and decubitus ulcers
- Difficulty swallowing food or refusal to eat
- Unintentional, progressive weight loss greater than 10% of body weight/applies to tube fed patients

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**End-Stage Renal Disease**

**PATIENT SHOULD MEET THE FOLLOWING CRITERIA:**
1. Discontinuing or refusing dialysis
2. Creatinine clearance of < 10 cc/min (< 15 cc/min for diabetics)
3. Serum creatinine > 8.0 mg/dl (> 6.0 mg/dl for diabetics)

**SUPPORTIVE DOCUMENTATION:**
- Hepatorenal syndrome
- Uremia
- Oliguria (<400 cc/day)
- Intractable hyperkalemia (>7.0)
- Uremic pericarditis
- Intractable fluid overload
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**Neurological Disorders (ALS, MS, Parkinson’s, etc.)**

**PATIENT SHOULD MEET THE FOLLOWING CRITERIA:**

Rapid progression of ALS evidenced by:

1. Impaired breathing capacity
   - Vital capacity < 30%
   - Severe dyspnea at rest
   - Oxygen dependency
   **AND**

2. Impaired ADL’s
   - Wheelchair or bed bound
   - Barely intelligible speech
   - Dysphagia
   **OR**

3. Critically impaired nutrition
   - Continued weight loss
   - Dehydration with or without tube feeding
   **OR**

4. Life-threatening complications
   - Recurrent aspiration pneumonia
   - Sepsis
   - Recurrent fever after antibiotic therapy

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**Cancer**

**PATIENT SHOULD MEET THE FOLLOWING CRITERIA:**

- Patient is no longer receiving curative treatment. (Patients receiving palliative radiation/chemotherapy evaluated on an individual basis)
- Evidence of end-stage disease and/or metastasis. Stage of disease determined. Recent lab/diagnostic studies supporting end-stage diagnosis.
- Pain and/or malnutrition support hospice eligibility.

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**End-Stage Heart Disease**

**PATIENT SHOULD MEET THE FOLLOWING CRITERIA:**

1. Recurrent Congestive Heart Failure (CHF), classified as New York Heart Association (NYHA) Class IV
   - Dyspnea at rest or with minor exertion
   **AND**

2. Optimal treatment with diuretics and vasodilators **OR** Resting angina pectoris resistant to nitrate therapy

**SUPPORTIVE DOCUMENTATION:**

- Ejection fraction of 20% or less
- History of cardiac arrest or resuscitation
- Concomitant HIV disease
- Cardiogenic brain embolism
- History of unexplained syncope

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**Debility Unspecified/Adult Failure to Thrive**

Hospices may no longer use non-specific diagnoses such as Debility or Adult Failure to Thrive (AFTT) as the principle terminal diagnosis. Debility and AFTT should be listed as secondary (related) conditions when appropriate. Our Hospice Medical Director can assist you to select the primary diagnosis that is most contributory to the patient’s terminal disease trajectory and requires end-of-life palliative interventions.