



Referral Quick Guide For Non-Cancer Diagnoses*

In addition to meeting other disease specific criteria, hospice eligible patients might also show the following in the past 2-3 months.

General Decline Indicators

Worsening of clinical status

- Recurrent or intractable infection: pneumonia, sepsis, UTI
- Weight loss not due to reversible causes
- Dysphagia leading to recurrent aspiration and/or inadequate nutritional intake
- Decrease in serum albumin or cholesterol

Worsening of symptoms

- Dyspnea with increasing respiratory rate
- Intractable cough
- Nausea and vomiting
- Intractable diarrhea
- Pain requiring frequent increases in medication

Worsening of signs

- Decline in systolic blood pressure to below 90, or progressive postural hypotension
- Ascites
- Edema
- Pleural/pericardial effusion
- Weakness
- Change in level of consciousness
- Decline in Karnofsky Performance Status or Palliative Performance Scale value
- Decline/decrease in ADL's
- Increased ED visits, hospitalizations and/or physician visits

Disease Specific Indicators

Heart Disease

- Short of breath at rest
- Ejection fraction < 20%
- Frequent hospitalization with optimal therapy
- Oxygen dependent
- Secondary organ failure
- If CHF: peripheral edema/ascites
- If ASCVD: history of angina/MI's
- Other co-morbidities

Alzheimer's & Parkinson's

- Stage 7-C on FAST scale (unable to ambulate, communicate intelligently, incontinent)
- History of frequent infections or skin breakdown
- Difficulty swallowing, may have congestion
- Significant weight loss past several months
- Other co-morbidities

Liver Disease

- Enlarged liver with significantly abnormal liver enzymes
- Prothrombin time prolonged more than 5 seconds over control or International Normalized Ratio >1.5
- Serum albumin <2.5 gm/dl
- Jaundice, ascites and edema, progressive malnutrition
- Requires considerable assistance with ADL's
- Other co-morbidities

Lung Disease/COPD

- Short of breath at rest, O2 sat \leq 88%
- Oxygen dependent
- Elevated pCO₂ > 50 mm Hg
- Increase in frequency and severity of infections
- Cor pulmonale
- Medications don't relieve symptoms
- Other co-morbidities

Renal Disease

- Discontinued or refuses dialysis
- BUN/creatinine significantly elevated
- Requires considerable assistance with ADL's
- Other co-morbidities

General Debility

- Weight loss and malnutrition, despite treatment
- Significant disability
- Body Mass Index (BMI) below 22kg/m²
- Low serum albumin/Hct/creatinine
- Other co-morbidities

End-Stage Diabetes

- Severe vascular insufficiencies/ulcers/wounds
- Frequent infections
- Unstable blood sugars/frequent changes
- Requires considerable assistance with ADL's
- Other co-morbidities

Co-Morbidities

Although these conditions might not be the primary hospice diagnosis, the presence of these types of diseases is likely to contribute to a life expectancy of six months or less, and should be considered in determining hospice eligibility.

- COPD
- CHF
- Ischemic heart disease
- Diabetes Mellitus
- Renal failure
- Liver disease
- Neoplasia
- AIDS
- Dementia
- Neurologic disease

Psychosocial Indicators

- A recent change to a "DNR" status
- Repeated trips to hospital
- Patient/family wants "comfort care"
- Not "bouncing back" to usual functioning after repeated episodes of illness
- Physician feels "nothing further can be done"

General Inpatient Services

The Residence of Arbor Hospice is able to provide sub-acute "step down" care and services at the General Inpatient level of care. If you have any questions, please call the Access Center at **(800) 997-9266** or **(734) 214-5236**.

Hospice General Inpatient Care (GIP)

Short-term care provided in an inpatient facility with 24/7 nursing availability for aggressive management of pain or other symptoms requiring frequent assessment and evaluation of symptoms and interventions. Following are examples of indicators of GIP level of care.

Indications for GIP Status

Pain Management

- Uncontrolled pain that requires frequent medication adjustment
- Medication effectiveness requires frequent assessment and evaluation by a physician or nurse
- Complicated technical delivery of medication that requires frequent calibration or site care

Symptom Control

- Uncontrolled nausea and vomiting
- Respiratory distress
- New or worsening delirium, agitation and/or restlessness
- Wound care requiring frequent and complex dressing changes
- Unmanageable bleeding
- Uncontrolled seizures
- Other uncontrolled symptoms

Psychosocial Crisis

- Must be in conjunction with a physical need for symptom management
- Acute anxiety, fear, depression requiring intensive interventions
- Unexpected collapse of caregiver system that is in response to an uncontrolled symptom (example: agitated / anxious patient causes caregiver to lose sleep over prolonged period of time and become unable to cope)

Symptoms are usually brought under control within a short period of time. Discharge planning begins prior to admission and once symptoms are controlled the patient continues with hospice services on **Routine Level of Care**. The patient and family may arrange to be transferred home, stay in The Residence of Arbor Hospice, or go to one of our nursing home partners, or an assisted living facility.

*This Quick Guide for Clinicians presents summary points from the Local Coverage Determination. It is intended as a quick reference and should not replace clinical judgment. The complete LCD can be found at www.ugsmedicare.gov. Arbor Hospice can support you in your evaluation of eligible patients.

Arbor Hospice
www.arborhospice.org

**For referrals, please contact the
Access Center
(800) 997-9266**



Rev. 7/09

2366 Oak Valley Drive 19145 Allen Road, Suite 110 331 N. Center Street
Ann Arbor, MI 48103 Trenton, MI 48183 Northville, MI 48167