



These are a sampling of the guidelines and we encourage you to contact Talbot Hospice with any questions.

Common Indicators of End-Stage Disease

One of the best questions to ask is...

"Would I be surprised by this patient's death within the next 6 months?"

General End-Stage Disease Guidelines

- Physical decline not considered reversible
- Functional status decline evidenced by needing assistance with 2 or more ADLs and a decline in the PPS scale
- Unintentional weight loss (10% over 6 months)
- Serum albumin < 2.5 gm/dl
- Increasing ER visits, physician visits and/or hospitalizations
- Desire for Palliative Care

Disease Specific Guidelines

End-Stage Heart Disease

- Multiple hospital/ED visits
- NYHA Class IV, Class III with comorbidities
- Optimally treated with diuretics and vasodilators
- Ejection Fraction <20% (not required)
- History of angina resistant to nitrate therapy, cardiac arrest, recurrent HF at rest

Amyotrophic Lateral Sclerosis

Critically impaired breathing capacity evidenced by:

- Dyspnea at rest
- Vital capacity less than 40% of normal
- Requiring supplemental oxygen at rest
- Declines artificial ventilation (external ventilation for comfort measures only)

Critical nutritional impairment evidenced by:

- Continued weight loss
- Absence of artificial feeding methods

- Oral intake insufficient to sustain life
- Difficulty swallowing

Rapid progression of the disease:

- Progressive functional decline

Stroke and Coma

- Dysphagia
- Bedridden or comatose
- Weight loss and/or serum albumin <2.5% gm/dl
- Medical complications

Dementia

- FAST score 7a or worse
- Unable to walk without assistance
- Urinary and fecal incontinence
- No consistently meaningful verbal conversation

PLUS any one of the following in the past 12 months:

- Upper respiratory tract infection/recurrent UTI
- Decubitus ulcers
- Difficulty swallowing and eating
- 10% weight loss in the past 6 months or serum albumin <2.5gm/dl
- Aspiration pneumonia
- Fever resistant to antibiotics

Acute renal failure

- Not pursuing dialysis or transplant or discontinuing dialysis
- Creatinine clearance <10cc/min (<15cc/min diabetics)

Other signs:

- Uremia, Oliguria, Oliguria (<400cc/24hr), Intractable fluid overload

Liver Disease

- Prothrombin time prolonged more than 5 seconds over control or INR >1.5
- Serum albumin <2.5gm/dl

Plus any of the following:

- Ascites refractory to sodium restriction and diuretics, or patient non-compliant
- Spontaneous bacterial peritonitis
- Hepatorenal syndrome (elevated creatinine and BUN with oliguria <400ml/day and urine sodium concentration <10 mEq/l)
- Hepatic encephalopathy
- Recurrent variceal bleeding

Pulmonary Disease

Both 1 & 2 should be present:

1. Disabling dyspnea at rest, poor response to bronchodilators resulting in decreased functional capacity
 - ▶ Documentation of FEV1 after bronchodilator, <30% of predicted provides objective evidence but not required
 - ▶ Documentation of serial decrease of FEV1>40ml is objective evidence of disease progression, but not required
 - ▶ Recurrent pulmonary infections, increased ER visits and/or hospitalizations
2. Hypoxemia at rest on room air with pO2<55mmHg or O2 saturation <88%, or hypercapnia
 - ▶ Unintentional progressive weight loss of >10% of body weight over the preceding 6 months

HIV

Both 1 & 2 should be present:

1. CD4+ count <25 cells/ml or persistent viral load >100,000 copies/ml, plus one of the following:
 - ▶ CNS lymphoma, MAC bacteremia, progressive multifocal leukoencephalopathy, toxoplasmosis, renal failure in the absence of dialysis, visceral Kaposi's sarcoma unresponsive to therapy
2. Decreased performance status measured by Karnofsky Performance Scale value of 50% or less

Additional factors to consider:

- ▶ Chronic diarrhea x 1 yr., advanced AIDS dementia complex

Palliative Performance Scale

PPS Level	Ambulation	Activity & Evidence Of Disease	Self-Care	Intake	Conscious Level
100%	Full	Normal activity & work;. No evidence of disease	Full	Normal	Full
90%	Full	Normal activity & work; Some evidence of disease.	Full	Normal	Full
80%	Full	Normal activity with effort; Some evidence of disease.	Full	Normal or Reduced	Full
70%	Reduced	Unable normal job/work; Significant disease.	Full	Normal or Reduced	Full
60%	Reduced	Unable hobby/house work; Significant disease.	Occasional assistance necessary	Normal or Reduced	Full or Confusion
50%	Mainly Sit/Lie	Unable to do any work; Extensive disease	Considerable assistance required	Normal or Reduced	Full or Confusion
40%	Mainly in Bed	Unable to do most activity; Extensive disease	Mainly Assistance	Normal or Reduced	Full or Drowsy +/- Confusion
30%	Totally Bed Bound	Unable to do any activity; Extensive disease	Total Care	Normal or Reduced	Full or Drowsy +/- Confusion
20%	Totally Bed Bound	Unable to do any activity; Extensive disease	Total Care	Minimal to Sips	Full or Drowsy +/- Confusion
10%	Totally Bed Bound	Unable to do any activity; Extensive disease	Total Care	Mouth Care Only	Drowsy or Coma +/-Confusion
0%	Death				

New York Heart Association Functional Classification

- Class IV:** Patients with cardiac disease resulting in inability to carry on any physical activity without discomfort. Symptoms of heart failure or of the anginal syndrome may be present even at rest. If any physical activity is undertaken, discomfort is increased.
- Class III:** Patients with marked limitation of physical activity. They are comfortable at rest. Less than ordinary activity causes fatigue, palpitation, dyspnea, or anginal pain.
- Class II:** Patients with cardiac disease resulting in slight limitation of physical activity. They are comfortable at rest. Ordinary physical activity results in fatigue, palpitation, dyspnea, or anginal pain.
- Class I:** Patients with cardiac disease, but without resulting limitation of physical activity. Ordinary physical activity does not cause undue fatigue, palpitation, dyspnea, or anginal pain.

Functional Assessment Staging in Dementia

Fast Stage Functional Assessment

- 1** No difficulties, either subjectively or objectively
- 2** Complains of forgetting location of objects; subjective word finding difficulties only
- 3** Decreased job functioning evident to coworkers; difficulty in traveling to new locations. Decreased organizational capacity.
- 4** Decreased ability to perform complex tasks (e.g. planning dinner for guests; handling finances; marketing)
- 5** Requires assistance in choosing proper clothing for the season or occasion
- 6**
 - a** Difficulty putting clothing on properly without assistance
 - b** Unable to bathe properly; difficulty adjusting water temperature
 - c** Inability to handle mechanics of toileting (e.g. forgets to flush)
 - d** Urinary incontinence
 - e** Fecal incontinence

Eligibility for Hospice

- 7**
 - a** Ability to speak limited to a half dozen intelligible words over a day
 - b** Speech ability is limited to the use of single intelligible word in a day
 - c** Ambulatory ability is lost
 - d** Cannot sit up without assistance
 - e** Loss of ability to smile
 - f** Loss of ability to hold up head independently



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