

# SilverStone

Hospice

## Hospice Eligibility Card

### GENERAL (NON-SPECIFIC) TERMINAL ILLNESS

1. Terminal condition cannot be attributed to a single specific illness **AND**
2. Rapid decline over past 3 - 6 months (evidenced by: progression of disease evidenced by symptoms, signs & test results, decline in PPS to  $\leq 50\%$ , involuntary weight loss  $>10\%$  and/or Albumin  $<2.5$  [helpful]).

### CANCER

#### PATIENT MEETS ALL OF THE FOLLOWING:

1. Clinical findings of malignancy with widespread, aggressive or progressive disease as evidenced by increasing symptoms, worsening lab values and/or evidence of metastatic disease.
2. Palliative Performance Scale (PPS)  $\leq 70\%$ .
3. Refuses further life-prolonging therapy **OR** continues to decline in spite of definitive therapy.
  - Supporting documentation includes: hypercalcemia  $> 12$ , cachexia or weight loss of 5% in past 3 months, recurrent disease after surgery/radiation/chemotherapy, Signs and symptoms of advanced disease (e.g. nausea, requirement for transfusions, malignant ascites or pleural effusion, etc.)

### ALZHEIMER'S DISEASE

#### THE PATIENT HAS BOTH 1 & 2:

1. Stage 7A or beyond according to the FAST Scale **AND**
2. One or more of the following conditions in the 12 months: aspiration pneumonia, pyelonephritis, septicemia, multiple pressure ulcers (stage 3-4), recurrent fever, other significant condition that suggests a limited prognosis, inability to maintain sufficient fluid and calorie intake in the past 6 months (10% weight loss or albumin  $< 2.5$  gm/dl).

### PULMONARY DISEASE

#### SEVERE CHRONIC LUNG DISEASE AS DOCUMENTED BY 1, 2, & 3.

1. The patient has all of the following:
  - Disabling dyspnea at rest
  - Little or no response to bronchodilators
  - Decreased functional capacity (e.g. bed to chair existence, fatigue and cough) **AND**
2. Progression of disease as evidenced by a recent h/o increasing office, home, or ED visits and/or hospitalizations for pulmonary infection and/or respiratory failure **AND**
3. Documentation within the past 3 months  $\Rightarrow >1$ :
  - Hypoxemia at rest on room air ( $pO_2 < 55$  mmHg by ABG) or oxygen saturation  $< 88\%$
  - Hypercapnia evidenced by  $pCO_2 > 50$  mmHg
  - **Supporting documentation includes:** Cor pulmonale and right heart failure and unintentional progressive weight loss.

### LIVER DISEASE

#### THE PATIENT HAS BOTH 1 & 2:

1. End stage liver disease as demonstrated by **A or B, & C:**
  - A.** PT  $> 5$  sec **OR**
  - B.** INR  $> 1.5$  **AND**
  - C.** Serum albumin  $<2.5$  gm / dl **AND**
2. One or more of the following conditions: Refractory Ascites, h/o spontaneous bacterial peritonitis, Hepatorenal syndrome, refractory hepatic encephalopathy, h/o recurrent variceal bleeding.
  - **Supporting documentation includes:** progressive malnutrition, muscle wasting with dec. strength, ongoing alcoholism ( $> 80$  gm ethanol/day), hepatocellular CA HBsAg positive, Hep. C refractory to treatment.

## HEART DISEASE

### THE PATIENT HAS 1 AND EITHER 2 OR 3.

1. CHF with NYHA Class IV\* symptoms and both:
  - Significant symptoms at rest
  - Inability to carry out even minimal physical activity without dyspnea or angina
2. Patient is optimally treated (ie, diuretics, vasodilators, ACEI or hydralazine and nitrates).
3. The patient has angina pectoris at rest, resistant to standard nitrate therapy, and is either not a candidate for/or has declined invasive procedures.
  - **Supporting documentation includes:** EF  $\leq$  20%, Treatment resistant symptomatic dysrhythmias h/o cardiac related syncope, CVA 2/2 cardiac embolism H/o cardiac resuscitation, concomitant HIV disease

## RENAL FAILURE

### THE PATIENT HAS 1, 2, & 3.

1. The patient is not seeking dialysis or renal transplant **AND**
2. Creatinine clearance\* is  $<$  10 cc/min ( $<$ 15 for diabetics) **AND**
3. Serum creatinine  $>$  8.0 mg/dl ( $>$  6.0 mg/dl for diabetics)
  - **Supporting documentation for chronic renal failure includes:** Uremia, Oliguria (urine output  $<$  400 cc in 24 hours), Intractable hyperkalemia ( $>$  7.0), Uremic pericarditis, Hepatorenal syndrome, Intractable fluid overload.
  - **Supporting documentation for acute renal failure includes:** Mechanical ventilation, Malignancy (other organ system) Chronic lung disease, Advanced cardiac disease, Advanced Liver disease.

## NEUROLOGIC DISEASE

### THE PATIENT MUST MEET AT LEAST ONE OF THE FOLLOWING CRITERIA (1 OR 2A OR 2B):

1. Critically impaired breathing capacity, with all:
  - Dyspnea at rest
  - Vital capacity  $<$  30%, Need O<sub>2</sub> at rest
  - Patient refuses artificial ventilation **OR**
2. Rapid disease progression with either A or B below:  
**PROGRESSION FROM:**
  - Independent ambulation to wheelchair or bed-bound status
  - Normal to barely intelligible or unintelligible speech
  - Normal to pureed diet
  - Independence in most ADLs to needing major assistance in all ADLs **AND****A. Critical nutritional impairment demonstrated by all of the following in the preceding 12 months:**
  - Oral intake of nutrients and fluids insufficient to sustain life
  - Continuing weight loss
  - Dehydration or hypovolemia
  - Absence of artificial feeding methods **OR****B. Life threatening complications in the past 12 months as demonstrated by  $\geq$ 1 of the following:**
  - Recurrent aspiration pneumonia
  - Pyelonephritis
  - Sepsis
  - Recurrent fever
  - Stage 3 or 4 pressure ulcer(s)

## STROKE (CVA) OR COMA

### THE PATIENT HAS BOTH 1 & 2.

1. Poor functional status PPS\*  $\leq$  40% **AND**
2. Poor nutritional status with inability to maintain sufficient fluid and calorie intake with  $\Rightarrow$ 1 of the following:
  - $\Rightarrow$ 10% weight loss in past 6 months
  - $\Rightarrow$ 7.5% weight loss in past 3 months
  - Serum albumin  $<$ 2.5 gm/dl
  - Current history of pulmonary aspiration without effective response to speech therapy interventions to improve dysphagia and decrease aspiration events.

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