



LB Hospice

Diagnosis Guidelines for Hospice Services

ALS and other neurological disorders

- Critical impairment of breathing capacity
- Rapid progression of disease with nutrition impairment
- Rapid progression with complications such as repeated infections

Alzheimer's / Dementia

- Progression of the dementia process over an extended period of time
- Requires assist for ambulation, dressing & bathing
- Urinary & bowel incontinence
- Speaks 6 words or less – no consistent meaningful conversation
- Weight loss – 10% loss in past 6 months or albumin level <2.5gm/dl
- Recurrent infections such as pneumonia, UTI, pressure ulcers
- Increased ER visits or hospitalizations
- Frequent falls

Cancer

- Advanced, recurrent or metastatic cancer
- No curative treatment is being sought
- We will consider palliative radiation or chemo (evaluated on individual basis)

COPD / Lung Disease

- COPD, emphysema and end stage pulmonary disease, may also include disease such as pulmonary fibrosis & pulmonary hypertension
- Disabling dyspnea at rest – often even talking causes dyspnea
- Unresponsive / poor response to bronchodilators
- Decreased functional capacity
- Increased ER visits or hospitalizations
- Right Heart Failure (RHF) 2nd to the pulmonary disease
- Unintentional progressive weight loss of greater than 10% of body weight over past 6 months
- Resting tachycardia >100/min
- Continued smoking is also a significant factor

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End Stage Diabetes

- Frequent skin or wound infections
- Heart or lung disease comorbidities that are worsening

Heart Disease

- Optimally treated for heart disease or is not a candidate for surgery or refuses recommended surgery
- Patients with CHF or angina should meet criteria for New York Heart Association Class IV
 - CHF can be documented with ejection fraction of 20% if available.
 - Patients with Diastolic CHF do not need to meet these criteria
 - Comorbidities including COPD, renal disease, liver disease, dementia, diabetes, Parkinson's for example
- Patients can be NYHA Class III if significant comorbidities

Liver Disease

- Ascites not responsive to treatment
- Serum albumin <2.5gm/ml
- Hepatic encephalopathy not responsive to treatment
- Hepatorenal syndrome
- Additional factors: progressive malnutrition & muscle wasting, active alcoholism, hep B positive, hep C not responsive to interferon

Renal Failure

- Patient is not on dialysis
- Serum creatinine >8 mg/dl (6mg/dl for diabetics) or creatinine clearance <10cc/min (<15cc/min for diabetics)
- Existing comorbidities: COPD, heart disease, advanced liver disease or any malignancies
- Patients receiving dialysis can receive hospice care if they have a different terminal diagnosis such as heart disease, cancer or COPD

Other considerations to evaluate

- Progressive decline with weight loss & decrease in function
- May have multiple comorbidities
- Dependence for assistance for most cares
- Recurrent infections
- Increase ER visits or hospitalizations
- HIV, MS, Parkinson's, Stroke

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Early referral to hospice enhances quality of life.

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