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Clinical Hospice Indicators

These conditions may indicate a person is hospice-appropriate:

- The individual no longer wants aggressive treatment, wishing instead for comfort measures
- Curative measures are no longer effective or appropriate

The following diseases may indicate a person is appropriate for hospice:

- Metastatic cancers for which cure is no longer being sought
- End-stage cardiovascular disease
 - New York Heart Association Class IV (discomfort increased with any physical activity)
 - Short of breath at rest
 - Ejection fraction < 20%
 - Oxygen dependent
 - Edema or ascities with CHF
 - History of angina or MIs with other cardiac conditions
- End-stage COPD
 - Short of breath at rest
 - Oxygen dependent
 - PCO₂ > 50 mmHg
 - PO₂ < 55 mmHg on room air
 - Increased frequency and severity of respiratory infections
 - Medications are not relieving symptoms
- End-stage renal disease
 - Discontinuation or refusal of dialysis
 - Marked BUN elevated
 - Creatinine > 8 (or > 6 for diabetics or CHF) OR
 - Creatinine clearance < 10 (or < 15 for diabetics or CHF)
- End-stage liver disease
 - Enlarged liver with significantly abnormal liver enzymes
 - Jaundice, ascities and edema
 - INR > 1.5 (and not on blood thinner)

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- End-stage neurological disorders
 - Unable to ambulate, communicate intelligibly, incontinent
 - Frequent infections
 - Skin breakdown
 - Significant weight loss (10% or greater in past six months)
 - Swallowing difficulty
- Non disease-specific symptoms that may indicate appropriateness
 - Rapid decline in ADL ability (three or more areas)
 - Rapid decline in cognitive ability
 - Weight loss of over 10% in six months or albumin < 2.5
 - Not responding to attempts at curative treatment (such as antibiotics)

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