

Admission Criteria

Cancer

- ☼ Diagnosis confirmed through pathology or radiology
- ☼ Disease with distant metastases at presentation or progression from an earlier stage of disease to metastatic disease
- ☼ Continued decline in spite of therapy
- ☼ Patient declines further disease directed curative care
- ☼ Karnofsky Performance Status or Palliative Performance Score from <70%
- ☼ Dependence on assistance for two or more activities of daily living (ADLs)

End-Stage Cardiac Disease

- ☼ The patient is or has been already optimally treated for heart disease
- ☼ The patient is not a candidate for surgical procedures or declines those procedures
- ☼ Patients with congestive heart failure or angina should meet the criteria for the New York Heart Association Class IV.
- ☼ May be documented with an ejection fraction of \leq 20%

- ☼ Karnofsky Performance Status or Palliative Performance Score from <70%
- ☼ Dependence on assistance for two or more activities of daily living (ADLs)

End-Stage Pulmonary Disease

- ☼ Disabling dyspnea at rest, poorly or unresponsive to bronchodilators, resulting in decreased functional capacity
- ☼ Progression of end stage pulmonary disease, as evidenced by increasing visits to the emergency department or hospitalizations for pulmonary infections and/or respiratory failure
- ☼ Hypoxemia at rest on room air
- ☼ Karnofsky Performance Status or Palliative Performance Score from <70%
- ☼ Dependence on assistance for two or more activities of daily living (ADLs)
- ☼ Supporting documentation for diagnosis:
- ☼ Right heart failure secondary to pulmonary disease (Corpulmonale)
- ☼ Unintentional progressive weight loss > 10% over recent 6 months
- ☼ Resting tachycardia > 100/minute



Admission Criteria

End-Stage Liver Disease

The patient should have all of the following present:

- ✿ Prothrombin time prolonged more than 5 seconds over control or INR >1.5
- ✿ Serum albumin < 2.5gm/dl
- ✿ Karnofsky Performance Status or Palliative Performance Score from <70%
- ✿ Dependence on assistance for two or more activities of daily living (ADLs)

The patient should have at least one of the following present:

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

Renal Disease

The patient with acute or chronic renal failure

must not be seeking dialysis or renal transplant, or is discontinuing dialysis

- ✿ The patient with acute or chronic renal failure should have either Creatinine clearance < 10 ml/minute (<15 ml/minute for diabetics); or <15 ml/minute (<20 ml/minute for diabetics) with comorbidity of congestive heart failure or Serum creatinine > 8.0 mg/dl (>6.0 mg/dl for diabetics)

Supportive documentation should include comorbid conditions:

- ✿ Mechanical ventilation

- ✿ Malignancy (other organ system)
- ✿ Chronic lung disease
- ✿ Advanced cardiac disease
- ✿ Advanced liver disease
- ✿ Immunosuppression/AIDS
- ✿ Albumin <3.5gm/dl
- ✿ Platelet count < 25,000
- ✿ Disseminated intravascular coagulation
- ✿ Gastrointestinal bleeding

End-Stage Cerebrovascular

STROKE

- ✿ Karnofsky Performance Status or Palliative Performance Scale of < 40%
- ✿ Inability to maintain hydration and caloric intake with one of the following:
 - ✿ Weight loss > 10 % in last 6 months or >7.5% in last 3 months
 - ✿ Serum albumin <2.5gm/dl
 - ✿ Current history of pulmonary aspiration not responsive to speech language pathology intervention
 - ✿ Sequential calorie counts documenting inadequate caloric/fluid intake
 - ✿ Dysphagia severe enough to prevent patient from continuing fluids/foods necessary to sustain life and patient does not receive artificial nutrition and hydration

COMA

Comatose patients with any 3 of the following on day three of coma:

- ✿ Abnormal brain stem response
- ✿ Absent verbal response
- ✿ Absent withdrawal response to pain
- ✿ Serum creatinine > 1.5 mg/dl

Admission Criteria

End-Stage Diabetes

- ☼ History of diabetes for more than 20 years
- Severe vascular disease evidenced by the following:**
- ☼ Cardiac: MI, angina, CHF
 - ☼ Cerebral: CVA
 - ☼ Peripheral: amputation, ulcers
 - ☼ Hypertension: severe
 - ☼ Frequent infections
 - ☼ Karnofsky Performance Status or Palliative Performance Score from <70%
 - ☼ Dependence on assistance for two or more activities of daily living (ADLs)

End-Stage HIV Disease

- Patient must have a CD4+ Count < 25cells/mcl or persistent viral load >100,000 copies/ml plus one of the following:**
- ☼ CNS lymphoma
 - ☼ Untreated, or persistent despite treatment, wasting (loss of at least 10% lean body mass)
 - ☼ Mycobacterium avium complex (MAC) bacteremia untreated, unresponsive to treatment, or treatment refused
 - ☼ Progressive multifocal leukoencephalopathy
 - ☼ Systemic lymphoma, with advanced HIV disease and partial response to chemotherapy

- ☼ Visceral Kaposi's sarcoma unresponsive to therapy
- ☼ Renal failure in the absence of dialysis
- ☼ Cryptosporidium infection
- ☼ Toxoplasmosis, unresponsive to therapy
- ☼ Karnofsky Performance Status =/< 50%
- ☼ Dependence on assistance for two or more activities of daily living (ADLs)
- ☼ Dependence on assistance for two or more activities of daily living (ADLs)

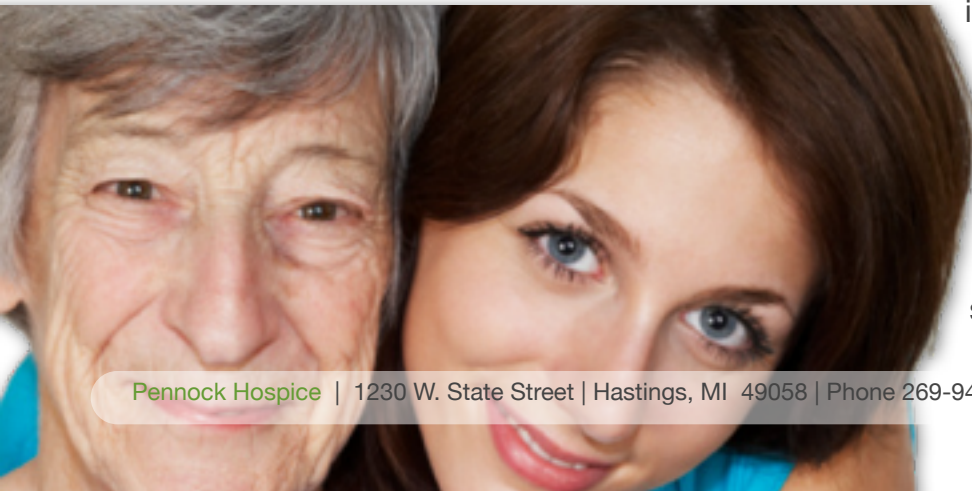
End-Stage Alzheimer's Disease and Related Disorders

Patients with dementia should show all the following:

- ☼ Stage seven or beyond according to the Functional Assessment Staging Scale (FAST)
- ☼ Unable to ambulate without assistance
- ☼ Unable to bathe without assistance
- ☼ Urinary and fecal incontinence, intermittent or constant
- ☼ No consistently meaningful verbal communication: stereotypical phrases only or the ability to speak is limited to six or fewer intelligible words

The patient should have one of the following present in the past 12 months:

- ☼ Aspiration pneumonia
- ☼ Pyelonephritis or upper urinary tract infection
- ☼ Septicemia
- ☼ Decubitus ulcers, multiple, stage 3-4
- ☼ Fever, recurrent after antibiotics
- ☼ Inability to maintain sufficient fluid and calorie intake with 10% weight loss during the previous six months or serum albumin <2.5gm/dl



Admission Criteria

End-Stage Neuromuscular Disease (Multiple Sclerosis and Parkinsons Disease)

- ✿Critical breathing capacity with dyspnea at rest, requiring supplemental oxygen at rest, and no ventilator support
- ✿Critical nutritional impairment evidenced by insufficient oral intake with continuing weight loss with the absence of artificial feeding

Rapid disease progression in the preceding 12 months:

- ✿From ambulation to wheelchair or bed-bound status
- ✿From normal to barely intelligible speech
- ✿From normal to pureed diet
- ✿From independent in most ADL's to needing significant assistance

Life-threatening complications in the preceding 12 months as evidenced by one or more of the following:

- ✿Recurrent aspiration pneumonia
- ✿Upper urinary tract infections
- ✿Sepsis
- ✿Recurrent fever despite antibiotic therapy
- ✿Stage 3 or 4 decubitis ulcer

End-Stage Amyotrophic Lateral Sclerosis

Rapid progression of ALS in the preceding 12 months:

- ✿From ambulation to wheelchair or bed-bound status
- ✿From normal to barely intelligible speech
- ✿From normal to pureed diet
- ✿From independent in most ADL's to needing significant assistance
- ✿Critically impaired breathing capacity with a vital capacity <30% of normal, significant dyspnea at rest, requiring supplemental oxygen at rest, and declines ventilator support
- ✿Critical nutritional impairment evidenced by insufficient oral intake with continuing weight loss with the absence of artificial feeding

Life-threatening complications in the preceding 12 months as evidenced by one or more of the following:

- ✿Recurrent aspiration pneumonia
- ✿Upper urinary tract infections
- ✿Sepsis
- ✿Recurrent fever despite antibiotic therapy

Please do not hesitate to contact us with questions or concerns

1230 W. State Street
Hastings, MI 49058
Phone 269-945-2425

www.pennockhealth.com/hospice.html



Embracing
Lives

Admission Criteria

Adult Failure to Thrive

- ☼ Decline is not considered to be reversible
- ☼ Progression as documented by worsening clinical status
- ☼ Body mass index (BMI) < 22kg/m
- ☼ Declining enteral/parenteral nutritional support or not responding to such support
- ☼ Karnofsky scale or 40% or less
- ☼ Dependence on assistance for two or more activities of daily living (ADLs)

Other Co-morbid conditions:

- ☼ Aspiration pneumonia
- ☼ Frequent UTIs
- ☼ Septicemia
- ☼ Decubitus ulcer(s)
- ☼ Frequent URIs
- ☼ Frequent opportunistic infections
- ☼ Weight loss of > 10% over preceding months

End-Stage Debility Unspecified

- ☼ Karnofsky score of 50% or less
- ☼ Dependence on assistance for two or more activities of daily living (ADLs)

At least one of the following conditions within the last 12 months:

- ☼ Aspiration pneumonia
- ☼ Pyleonephritis or other upper urinary tract infection
- ☼ Septicemia
- ☼ Multiple stage 3 or 4 decubitus ulcers
- ☼ Fever, recurrent after antibiotics
- ☼ Inability to maintain sufficient fluid and calorie intake
- ☼ >10% weight loss during the previous 6 months
- ☼ Serum albumin of < 2.5 gm/dl

Significant Dysphagia with associated aspiration


measured by:

- ☼ Swallowing test
- ☼ History of choking/gagging with feeding

Please do not hesitate to contact us with questions or concerns

1230 W. State Street
Hastings, MI 49058
Phone 269-945-2425

www.pennockhealth.com/hospice.html



Where you
become family