

Eligibility criteria for hospice

Diagnosis	Main criteria (generally these clinical indicators are present)	Supporting criteria	Comments
General guidelines	<ol style="list-style-type: none"> 1. Life-limiting condition; estimated prognosis of six months or less. <i>“Is this patient sick enough to die in the next 6 months?”</i> 2. Patient and/or family have elected treatment of symptoms, not cure of underlying disease 3. One of the following: <ul style="list-style-type: none"> ◆ Clinical progression of disease ◆ Impaired nutrition related to the terminal process with weight loss 	<ul style="list-style-type: none"> ◆ Multiple ER visits or hospitalizations ◆ Dependence in 2 or more ADLs (bathing, dressing, feeding, transfers, continence, independent ambulation) ◆ Karnovsky < 70% ◆ Unintentional 10% weight loss over 6 months ◆ Albumin < 2.5 	Co-morbid conditions, the severity of which is likely to contribute to a life expectancy of 6 months or less should be considered.
Heart disease	<ol style="list-style-type: none"> 1. NYHA Class IV (symptoms of dyspnea or angina virtually at rest) 2. Optimal medical treatment 3. Not a candidate for transplant 4. Pump failure 	<ul style="list-style-type: none"> ◆ Resistant arrhythmias ◆ History of cardiac arrest ◆ Unexplained syncope ◆ HIV disease ◆ Symptomatic with any physical activity 	EF 20% or less is helpful objective evidence HX of cardiac arrest, resuscitation, unexplained syncope or brain embolus of cardiac origin could contribute to eligibility.
Pulmonary disease	<ol style="list-style-type: none"> 1. Disabling dyspnea at rest with decreased functional ability 2. Disease progression (increased hospitalizations, pulm, infections, respiratory failures) 3. Serial decrease FEV1>40ml/yr (not nec. to obtain) 	<ul style="list-style-type: none"> ◆ Cor pulmonale or right heart failure ◆ Rest pO₂ <= 55 mm ◆ SaO₂ <= 0.88 on supplemental O₂ ◆ PCO₂ =>50 mm ◆ Resting tachycardia > 100 ◆ Progressive weight loss 	FEV ₁ < 30% predicted after bronchodilator therapy.
Dementia	<ol style="list-style-type: none"> 1. Dependence in <i>all</i> ADLs (ambulating, dressing, bathing, urine/stool continence) 2. No meaningful verbal communication (6 or fewer words) 3. Presence of a medical complication in past year 4. FAST assessment of <=7 	Medical complications (e.g.): <ul style="list-style-type: none"> ◆ Aspiration pneumonia ◆ Upper UTI/pyelonephritis ◆ Sepsis ◆ Stage 3-4 pressure ulcers ◆ Recurrent fever after antibiotics 	Inability to maintain sufficient fluid and calorie intake or serum albumin of <2.5gm/dl also indicate decline.
Liver disease	<ol style="list-style-type: none"> 1. Severely impaired liver function (albumin < 2.5, prolonged INR >1.5, prothrombin >5 sec) 2. One of the following: ascites, hepatorenal syndrome, hepatic encephalopathy, recurrent variceal bleeding, bacterial peritonitis 	<ul style="list-style-type: none"> ◆ Progressive malnutrition, muscle wasting ◆ Active drinking ◆ Hepatocellular carcinoma ◆ Hepatitis B ◆ Hepatitis C refractory to interferon tx 	

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Renal disease	<ol style="list-style-type: none"> 1. Creatinine clearance < 10cc/min (<15 cc/min for diabetes), GFR <10ml/min 2. Creatinine > 8 (>6 for diabetics) 3. Signs and symptoms: uremic syndrome, oliguria, intractable hyperkalemia, pericarditis, intractable fluid overload 4. Not seeking dialysis or transplant, or discontinuing dialysis 	<ul style="list-style-type: none"> ◆ Mechanical ventilation ◆ Cancer ◆ COPD ◆ CHF ◆ Liver disease ◆ Sepsis ◆ Albumin < 3.5, PLT < 25,000, Age > 75 	<p>Dialysis does not preclude eligibility for hospice but continuation with life extension beyond 6 months would impact eligibility.</p> <p>Another diagnosis for terminal status could be appropriate with the continuation of dialysis.</p>
Stroke and coma	<ol style="list-style-type: none"> 1. Coma/vegetative state persisting beyond 3 days' duration 2. Karnofsky or palliative performance scale of <40. 3. Dysphagia severe enough to prevent continuation of fluids/food necessary to sustain life without artificial nutrition. 	<ul style="list-style-type: none"> ◆ Absent verbal response ◆ Absent pain withdrawal ◆ Creatinine > 1.5 ◆ Age > 70 ◆ Abnormal brain stem response ◆ Diagnostic imaging which support poor prognosis 	<p>Additionally, documentation in the previous 12 months of aspiration pneumonia, pyelonephritis, stage 3 or 4 decubitis, recurrent fever after antibiotics.</p>
Amyotrophic Lateral Sclerosis	<ol style="list-style-type: none"> 1. Rapid progression (most of disability developing within the last 12 months) AND 2. One of the following: <ul style="list-style-type: none"> ◆ Critically impaired ventilatory capacity / FVC < 30% predicted ◆ Critical nutritional impairment ◆ Life-threatening complication 	<p>Complications:</p> <ul style="list-style-type: none"> ◆ Aspiration pneumonia ◆ Upper UTI ◆ Sepsis ◆ Stage 3-4 pressure ulcers ◆ Recurrent fever after antibiotics 	<p>The decision to institute either artificial ventilation or artificial feeding may significantly alter 6 month prognosis.</p> <p>Neurologist exam within 3 months of hospice assessment is recommended to confirm prognosis.</p>
HIV disease	<ol style="list-style-type: none"> 1. Viral load > 100,000 OR 2. Lower viral load, but foregoing ARV and prophylactic therapy 3. CD4+ count <25 when patient is free of acute illness 4. Karnofsky scale at <=50 	<ul style="list-style-type: none"> ◆ CNS lymphoma ◆ Wasting syndrome (33% of lean body mass) ◆ Kaposi's involving viscera, unresponsive to therapy ◆ Renal failure ◆ Advanced dementia, PML ◆ Toxo, crypto, MAC bacteremia, untreated 	<p>Albumin < 2.5</p> <p>Ongoing substance abuse</p> <p>Age > 50</p> <p>CHF, dilated cardiomyopathy</p> <p>Chronic persistent diarrhea >1 year</p>
Cancer	<ol style="list-style-type: none"> 1. Disease with metastases or progression from an earlier stage of disease to metastatic disease 	<ul style="list-style-type: none"> ◆ Continued decline in spite of therapy ◆ Patient declines further disease directed therapy. 	<p>Certain cancers with poor prognosis (e.g. small cell lung cancer, brain cancer and pancreatic cancer) may be hospice eligible without other eligibility criteria listed.</p>

**These guidelines were developed from the LCD-determining terminal illness guidelines provided by CMS.
For further information related to hospice care, call the Allina Health Care Navigation Help Desk at 612-262-2200.**