CALL US WHEN...



Check two, three or more with a patient in mind, but just make one call.

□ Recent Hospital Visits
\square Chronic Infections such as UTI, Pneumonia and others
☐ Loss of Appetite, Dysphagia, Choking, Impaired Nutritional Status
☐ Weight Loss of 10% or more over past 6 months
☐ Partial or Total Assistance with ADL's
☐ Change in Communication Skills
\square Isolation from Others, Depression
☐ Pain Issues
\square Change in Motor Skills, Non-Ambulatory or Limited Ambulation
☐ Changes in Mental Confusion/Dementia
☐ Progressively Worsened Pressure Ulcers
☐ Oxygen Use at Rest
☐ Terminal Diagnosis
☐ Frequent UTI Infections
☐ Change in Overall Condition

Call Michelle Lynch or Jennifer Mason, your referral specialists, at 800.338.4043 to discuss resources for your patient(s).

Hospice services are covered by:

- Medicare
- Medicaid
- VA
- In Network Private Insurance
- Sliding Fee Scale



Comfort for life's final journey

WHEN IS HOSPICE AN OPTION?



It is time to consider hospice care when a patient exhibits one or more of the following core and/or disease-specific indicators:

CORE INDICATORS

- Patient/family chooses comfort care
- Loss of function/physical decline
- Increase in hospitalizations
- Dependence in most activities of daily living
- Multiple co-morbidities
- Increase in ER visits
- Weight loss

DISEASE-SPECIFIC INDICATORS AMYOTROPHIC LATERAL SCLEROSIS

- Unable to walk, needs assistance with ADLs
- Barely intelligible speech
- Difficulty swallowing
- Weight loss
- Significant Dyspnea
- Co-morbidities

CANCER

- Metastasis to multiple sites
- Weight loss
- Patient/family choose palliative care

CVA AND COMA

- Decreased level of consciousness, coma or persistent vegetative state
- Dysphagia
- Paralysis
- Post-stroke dementia
- Decreased nutritional status (despite artificial nutrition)
- Co-morbidities

DEMENTIA

- Unable to walk without assistance
- Urinary and fecal incontinence
- Speech limited to a few words
- Unable to dress without assistance
- Unable to sit up or hold head up
- Complications: pneumonia, UTI, sepsis, pressure ulcers
- Difficulty swallowing/eating
- Weight loss

HEART DISEASE - CHF

- NYHA Class III or IV
- Discomfort with physical activity
- Symptomatic despite maximal medical management
- Arrhythmias resistant to treatment
- History of cardiac arrest
- Cardiogenic embolic CVA

HIV/AIDS

- Wasting syndrome
- CNS lymphoma/Kaposi's sarcoma
- AIDS dementia
- Decision to forego antiretroviral
- Co-morbidities/severe infection

LIVER DISEASE

- Not a transplant candidate
- Ascites despite maximum diuretics
- Peritonitis
- Hepatorenal syndrome
- Encephalopathy with somnolence, coma
- Recurrent variceal bleeding

PULMONARY DISEASE - COPD

- Dyspnea at rest
- Poor response to bronchodilators
- Recurrent pulmonary infections
- Cor pulmonale/right heart failure
- Weight loss
- Resting tachycardia
- Hypercapnia/hypoxemia

RENAL DISEASE

- Plan for discontinuing dialysis
- Rapidly declining despite dialysis
- No renal transplant
- Displays signs or uremia (confusion, nausea, pruritus, restlessness, pericarditis)
- Intractable fluid overload
- Oliquria
- Hyperkalemia



Comfort for life's final journey

Adopted from the Medical Guidelines for Determining Prognosis in Selected Non-cancer Diseases 2nd Edition.