



Making the Most of Life

CRITERIA FOR DETERMINING A LIFE EXPECTANCY OF SIX MONTHS OR LESS IN NON-CANCER PATIENTS

NON-CANCER DIAGNOSIS	“MUST HAVE CRITERIA”	COMMENTS
Adult Failure to Thrive aka: “Terminal Debility” “Debility, Unspecified” (799.3)	<ol style="list-style-type: none"> Nutritional impairment. Either refusing enteral/parenteral nutrition or is losing weight, despite adequate caloric intake <i>and</i> Dependence on assistance for two or more ADLS 	<ol style="list-style-type: none"> Disability rating must come from measurements/observations made within the past 6 months. Progressive decline of key symptoms, signs, and lab findings re: advancing multisystem disease: all contribute to prognosis of ≤ 6 months.
Dementia	<ol style="list-style-type: none"> Unable to ambulate, dress, bathe w/o assistance Urinary & Fecal incontinence (intermittent or constant) No meaningful verbal communication; stereotypical phrase; 6 or < words Has had one or more of the listed conditions in the past 12 months: please see comments <p>(Note: 1–3 above comprise criteria for FAST scale level 7)</p>	<p>Conditions which support dementia criteria:</p> <ol style="list-style-type: none"> Aspiration Pneumonia Pyelonephritis/upper UTI Septicemia Decub. Ulcers (III or IV stage) Fever, recurrent after antibiotics Inability to maintain sufficient caloric intake with 10% weight loss during last 6 months or albumin <2.5
End-Stage Pulmonary Disease	<ol style="list-style-type: none"> Disabling dyspnea at rest (poorly or unresponsive to bronchodilators) e.g. resulting in bed to chair existence, fatigue, and cough, <i>and</i> Prior disease progression as evidenced by increasing visits to ER or hospitalizations for pulmonary infections and/or respiratory failure 	<p>The following will lend supporting documentation:</p> <ol style="list-style-type: none"> O₂ sat on RA $\leq 88\%$ or pO₂≤ 55; or hypercapnia (pCO₂≥ 50) Cor pulmonale and right heart failure Unintentional wt loss of >10% body wt in last 6 mos. Resting tachycardia >100/min.
End-Stage Cardiac Disease CHF and/or ASCAD	<ol style="list-style-type: none"> Optimally treated with diuretics/vasodilators (or latter contraindicated) Is not a candidate for or refuses invasive procedures Class IV New York Heart Assoc: <ol style="list-style-type: none"> Unable to carry on any physical activity w/o symptoms (C/P or SOB) Symptoms present even at rest Any activity increases symptoms 	<p>The following will lend supporting documentation:</p> <ol style="list-style-type: none"> Rx resistant arrythmias HX of cardiac arrest/resuscitation HX of unexplained syncope Brain embolism of cardiac origin HIV disease Ejection fraction documented at $\leq 20\%$

NON-CANCER DIAGNOSIS	“MUST HAVE CRITERIA”	COMMENTS
End-Stage Liver Disease	<ol style="list-style-type: none"> 1. Both INR > 1.5 and albumin < 2.5 g/dl 2. One of the following: <ol style="list-style-type: none"> a) Ascites or hepatic encephalopathy refractory treatment or patient noncompliance b) Spontaneous bacterial peritonitis c) Recurrent variceal bleeding despite intensive treatment d) Hepatorenal syndrome 	<p>The following will lend supportive documentation:</p> <ol style="list-style-type: none"> a) Progressive malnutrition, muscle wasting b) Continued active alcohol abuse c) Hepatocellular CA d) Hepatitis C refractory to interferon e) HBsAg positive
End-Stage Renal Disease	<p>Acute Renal Failure:</p> <p>Chronic Renal Failure:</p>	<ol style="list-style-type: none"> 1. Patient not seeking hemodialysis or transplant or discontinuing hemodialysis. 2. Either <ol style="list-style-type: none"> a) CCr < 10cc/min (< 15 in diabetics) or in setting of Congestive Heart failure CCr < 10 cc/min (< 15 in diabetics) or in setting of CHF CCr < 15 cc/min (< 20 in diabetics) b) Serum Cr > 8 mg/dl (> 6.0 in diabetics) 3. Comorbid conditions support hospice prognosis <ol style="list-style-type: none"> 1. Same as 1 & 2 above 2. Signs and symptoms of renal failure: uremia, oliguria, refractory hyperhalemia or fluid overload, and hepatorenal syndrome
Stroke and/or Coma	Specific guidelines are available. Please call 1-800-355-8170.	Specific guidelines are available. Please call 1-800-355-8170.
ALS	Specific guidelines are available. Please call 1-800-355-8170.	Specific guidelines are available. Please call 1-800-355-8170.
HIV/AIDS	Specific guidelines are available. Please call 1-800-355-8170.	Specific guidelines are available. Please call 1-800-355-8170.

GENERAL “COMMON SENSE CONCEPTS”:

1. THE PATIENT CAN BE EXPECTED TO BENEFIT FROM THE SPECIALIZED SERVICES OFFERED BY THE HOSPICE PROGRAM.
2. THE PATIENT ACCEPTS THAT DEATH MIGHT OCCUR IN SIX MONTHS OR LESS AND DOES NOT WANT TO SUFFER NEEDLESSLY.
3. PATIENT FUNCTIONAL RESERVES ARE SO LIMITED THAT AN ACUTE INFECTION COULD RESULT IN DEATH.

SOME PATIENTS MAY NOT MEET THE CRITERIA LISTED ABOVE BUT STILL MAY BE APPROPRIATE FOR HOSPICE CARE BECAUSE OF OTHER COMORBIDITIES OR RAPID DECLINE.

CALL LIFEPATH HOSPICE ADMISSIONS AT 1-800-355-8170