Guidelines for Hospice Referrals

The decision to enter hospice is a difficult one for patients, their caregivers, and their providers. Patients receiving hospice services from VNH benefit from:

- Dedicated hospice RN who coordinates with the entire hospice team
- Emotional and spiritual support for patients and their caregivers
- 24/7 phone support for changes in clinical status and after-hours home visits for difficult situations
- Expert pain and symptom management guided by our hospice-certified medical director
- Shared medical record with DH primary care providers, specialists and VNH's hospice care team

Providers utilizing hospice services from VNH benefit from:

- Clinical assessments and progress reports
- Decrease in patient/family crisis calls
- Support of hospice Medical Director
- Availability of office co-visit by hospice nurse to assist with patient education and end-of-life decision making
- Primary physician remains a member of the hospice team

Hospice can be appropriate for patients with either a cancer or non-cancer diagnosis. Admission to hospice requires a clinical judgment that a patient's prognosis is less than six months should the disease follow its normal trajectory. Non-cancer illnesses tend to be unpredictable and characterized by fluctuations in both symptoms and their severity, making hospice diagnosis more difficult. However, patients do benefit most from early referrals to a hospice program.

Please reach out to the Intake team at 800-300-8853, Option 1 with any questions related to hospice eligibility . We are here to assist you and help make the referral process go as smoothly as possible.

Patients with the following conditions may appropriate for hospice:

General Guidelines

- Life limiting condition
- Progression of disease
- Frequent hospitalization, office and/or emergency room visits
- Weigh loss >10% over past six months
- Serum albumin <2.5dl
- Patient/family focus on symptom relief, not cure

End-Stage Pulmonary Disease

- Dyspnea at rest
- FEV1 <30% after bronchodilators
- Recurrent pulmonary infections
- Cor pulmonale/right heart failure
- p02 < 55mm HG or 02 sat <88% (on oxygen)
- Persistent resting tachycardia
- Cardiogenic embolic disease (e.g. CVA)
- Weight loss > 10% over past six months

End-Stage Renal Disease

- Patient not seeking dialysis or transplant
- Creatinine clearance < 10cc/min (<15cc/min for diabetics)
- Creatinine >8mg/dl (>6mg/dl for diabetics)
- Symptoms of uremia (confusion, nausea/vomiting, pericarditis)
- Hyperkalemia >7.0 mEq/L
- Oliguria <400cc/24 hours

End-Stage Cardiac Disease

- Symptomatic despite optimal treatment with diuretics and vasodilators
- Recurrent CHF, NYHA Class III or Class IV
- Ejection fraction <20%
- Arrhythmias are resistant to treatment
- History of cardiac arrest or resuscitation
- Cardiogenic embolic disease (e.g. CVA)
- Angina at rest
- Persistent resting tachycardia

End-Stage Liver Disease

- Patient is not a candidate for a liver transplant
- PTT > 4 seconds over control
- Serum albumin < 2.5 gm/dl
- Ascites refractory to treatment
- Peritonitis
- Hepatic encephalopathy, refractory to treatment
- Hepatorenal syndrome
- Progressive malnutrition
- Continued active alcoholism

End-Stage Dementia

- Functional Assessment Staging Tool (FAST) score >7
- Unable to ambulate without assistance
- Unable to dress or bathe without assistance
- Bowel and bladder incontinence, intermittent or constant
- No meaningful verbal communications
- Complications such as aspiration pneumonia, UTI, septicemia, recurrent fevers
- Pressure Injury Stage 3 or 4
- Weight loss of 10% over last six months

Stroke and Coma

- Coma or persistent vegetative state > 3 days
- Dysphagia without artificial nutrition and/or hydration
- Dependence in all ADLs
- Post stroke dementia
- Bowel and bladder incontinence
- Family wants palliative care
- Absent verbal response

End-Stage Neurological Diseases (ALS)

- Wheelchair or bed bound
- Barely intelligible speech
- Difficulty swallowing
- Nutritional status declining
- Needs major assist in all ADLs
- Dyspnea at rest and requires oxygen
- Declines assisted ventilation

Patients with a Cancer Diagnosis

- Disease with metastases at presentation or progression from an earlier stage of disease to metastatic disease with EITHER continued decline in spite of further disease related therapy OR patient declines further disease related therapy.
- Certain cancers with poor prognosis–small cell lung cancer, brain cancer and pancreatic cancer–may be hospice eligible without fulfilling the other criteria in this section.