



*Your not-for-profit hospice since 1977*

# When is it time to consider hospice care as 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: pneumonia, URI

### Cancer

- Metastasis to multiple sites
- Weight loss
- Patient/family chooses 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 and/or General Decline

- 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 antiretrovirals
- 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 of uremia (confusion, nausea, pruritus, restlessness, pericarditis)
- Intractable fluid overload
- Oliguria
- Hyperkalemia

Adopted from Medical Guidelines for Determining Prognosis in Selected Non-cancer Diseases 2<sup>nd</sup> Ed., National Hospice Organization 1996



To learn more about Hospice of the Valley services,  
call us anytime at 602.530.6900.