

Medical Indicators For Hospice Evaluation

Your resident may be appropriate for a hospice evaluation if any of the following symptoms were experienced in the past six months

- Weight loss of 10% or greater
- Decreased or minimal appetite
- Requires significant daily assistance
- Increased need for pain medications
- Multiple hospitalizations
- Change in alertness and orientation
- Increase in treatments of therapies
- Skin Breakdown
- Decreased ambulatory ability

<p>End Stage Kidney Disease</p> <ul style="list-style-type: none"> • Chronic or Recent illness that has caused kidney failure • Stopping or refusing to do further dialysis • Not tolerating adequate amounts of fluids or food to sustain life • Lab values that are outside of the normal ranges 	<p>End Stage Liver Disease</p> <ul style="list-style-type: none"> • Jaundice or yellowing of skin • Ascites or excess fluid in abdomen • Edema or swelling in extremities • Anorexia or not wanting or able to eat • Lab values that are outside of the normal ranges
<p>End Stage Dementia</p> <ul style="list-style-type: none"> • Bed bound or unable to ambulate • Dependent on someone to provide cares and normal activities of daily living • Incontinence of urine and/or bowel • Difficulty swallowing or refusing to eat • Decreased amount of fluid or food required to sustain life • Refusing a Gastric tube placement for nutrition • 10% weight loss over the past six month • Decreased vocabulary 1 – 6 words spoken 	<p>End Stage Lung Disease</p> <ul style="list-style-type: none"> • Shortness of breath and/or difficulty breathing at rest • Has to have oxygen for breathing • Elevated heart rate at rest • 10% weight loss • Frequent Emergency Department visits and/or hospitalizations • Lab values that are outside of the normal ranges
<p>End Stage Circulatory Disease</p> <ul style="list-style-type: none"> • 10% weight loss over the past six months • Decreased fluid and food intake required to sustain life • Dependent on someone to provide cares and normal activities of daily living • Bed bound or chair bound 	<p>End Stage Heart Disease</p> <ul style="list-style-type: none"> • Increased amount of assistance with cares and activities of daily living which requires medical support • Shortness of breath and /or difficulty breathing at rest
<p>Cancer</p> <ul style="list-style-type: none"> • Lack or decreased desire to eat and significant weight loss • Symptoms which requires medication adjustments – such as pain, anxiety or shortness of breath. • Evidence that cancer disease has progressed to other areas • No longer receiving treatments such as chemotherapy, radiation therapy for curative measures 	<p>Malnutrition</p> <ul style="list-style-type: none"> • 10% weight loss over the past six months • Taking nutritional supplements with continued weight loss • Loss of appetite, decrease in muscle, refuses to eat • Low BMI or Body Mass Index