

# HOSPICE ADMISSION DIAGNOSIS CRITERIA

Cancer.....	1
End-Stage Cerebrovascular Disease (Stroke and Coma).....	2
End-Stage Diabetes.....	3
HIV Disease.....	4
End-Stage Alzheimer’s Disease.....	5
End-Stage Liver Disease.....	6
End-Stage Amyotrophic Lateral Sclerosis (ALS).....	7
End-Stage Renal Failure (Acute or Chronic).....	8
Advanced End-Stage Senescence or Debility.....	9
End-Stage Pulmonary Disease.....	10
End-Stage Parkinson’s Disease.....	11
Multiple Sclerosis.....	12
End-Stage Cardiac Disease.....	13
End-Stage Neuromuscular Disease.....	14
Adult Failure to Thrive.....	15



# HOSPICE ADMISSION CRITERIA for CANCER

- Diagnosis confirmed through pathology or radiology
- Patient is no longer receiving curative care
- There is evidence of end-stage disease and/or metastasis
- Recent lab/diagnostic studies to support disease progression
- Karnofsky score of 7 or less
- ADL score of 18 or less
- Descriptive score of 25 or less



HOSPICE CARE  
OF SOUTH CAROLINA

---

# HOSPICE ADMISSION CRITERIA for END-STAGE CEREBROVASCULAR (STROKE OR COMA)

## **ACUTE HEMMORRHAGIC OR ISCHEMIC STROKE:**

**(must have all of the following)**

- Coma or persistent vegetative state secondary to stroke beyond 3 days duration
- Coma or severe obtundation, secondary to post-anoxic stroke, accompanied by severe myoclonus > 3 days after anoxic event
- Dysphagia, which prevents sufficient intake of food and fluids

## **CHRONIC PHASE OF HEMORRHAGIC OR ISCHEMIC STROKE:**

**(must have all of the following)**

- Post-dementia, FAST level of 7 or beyond
  - a. Limited ability to speak (1-5 words/day)
  - b. All intelligible vocabulary lost
  - c. Non-ambulatory
  - d. Unable to sit up independently
  - e. Unable to smile
  - f. Unable to hold head up
- Karnofsky score of 4 or less
- ADL score of 8 or less
- Descriptive score of 18 or less

## **COMA (ANY ETIOLOGY):**

**(with any three of the following on day 3 of coma)**

- Abnormal brain stem response
- Absent verbal response
- Absent withdrawal response to pain
- Serum creatinine > 1.5 ml/dl



HOSPICE CARE  
OF SOUTH CAROLINA

---

# HOSPICE ADMISSION CRITERIA for END-STAGE DIABETES

- History of diabetes for more than 20 years
- Severe vascular disease evidenced by the following:
  - a. Cardiac: MI, angina, CHF
  - b. Cerebral: CVA
  - c. Peripheral: amputation, ulcers
  - d. Hypertension: severe
- Frequent infections
- Karnofsky score of 5 or less
- ADL score of 12 or less
- Descriptive score of 21 or less



HOSPICE CARE  
OF SOUTH CAROLINA

---

# HOSPICE ADMISSION CRITERIA for HIV DISEASE

- CD4+ Count < 25 cells/mcl, or persistent viral load > 100,000 copies/ml  
***plus at least one of the following:***
  - a. CNS Lymphoma
  - b. Wasting (loss of 33% lean body mass)
  - c. Mycobacterium avium complex bacteremia untreated/refused
  - d. Progressive multi-focal leukoencephalopathy
  - e. Systemic lymphoma
  - f. Visceral Kaposi's sarcoma unresponsive to therapy
  - g. Renal failure in the absence of dialysis
  - h. Cryptosporidium infection
  - i. Toxoplasmosis
- Karnofsky score of 5 or less
- ADL score of 12 or less
- Descriptive score of 16 or less

***Supporting documentation:***

- a. Chronic, persistent diarrhea for one year
- b. Persistent serum albumin < 2.5
- c. Concomitant, active substance abuse
- d. Age > 50
- e. Absence of retroviral, chemotherapeutic, and prophylactic drug therapy related specifically to HIV disease
- f. Advanced AIDS dementia complex
- g. Congestive heart failure, systemic at rest



# HOSPICE ADMISSION CRITERIA for END-STAGE ALZHEIMER'S DISEASE

- FAST level  $\geq 7$ 
  - a. All intelligible vocabulary lost
  - b. Non-ambulatory
  - c. Unable to sit up independently
  - d. Unable to smile
  - e. Unable to hold head up
- Must have either “a” or “b” below:
  - a. Comorbid conditions
  - b. Secondary conditions
- Karnofsky score of 4 or less
- ADL score of 8 or less
- Descriptive score of 18 or less



HOSPICE CARE  
OF SOUTH CAROLINA

---

# HOSPICE ADMISSION CRITERIA for END-STAGE LIVER DISEASE

***Patient must have both:***

- a. Prothrombin time (PT) more than 5 seconds over control, or International Normalized Ratio (INR) > 1.5
- b. Serum albumin < 2.5 gm/dl
- Documentation of specific liver disease in history and physical, ***and the patient shows at least one of the following:***
  - a. Ascites, refractive to treatment, or patient non-compliant
  - b. Spontaneous bacterial peritonitis
  - c. Hepatorenal syndrome; elevated creatinine and BUN; oliguria (< 400 ml/day) and urine sodium concentration < 10 mEq/l
  - d. Hepatic encephalopathy, refractory to treatment, or patient non-compliant
  - e. Recurrent variceal bleeding, despite intensive therapy
- Karnofsky score of 6 or less
- ADL score of 20 or less
- Descriptive score of 19 or less

***Supporting documentation:***

- a. Progressive malnutrition
- b. Muscle wasting with decreasing strength and endurance
- c. Continued active alcoholism (.80 gm alcohol/day)
- d. Hepatocellular carcinoma
- e. HBsAg (Hepatitis B positivity)
- f. Hepatitis C refractory to interferon treatment



# HOSPICE ADMISSION CRITERIA for END-STAGE AMYOTROPHIC LATERAL SCLEROSIS (ALS)

- Rapid progression of ALS in the preceding 12 months evidenced by:
  - a. Progression from independent ambulation to chair or bed-bound
  - b. Progression from normal to barely intelligible or unintelligible speech
  - c. Progression from normal to pureed diet
  - d. Progression from independence in ADL's to needing major assistance
- At least one of the following must also apply:
  - a. Critically impaired breathing capacity evidenced by:
    - 1. Vital capacity (VC) < 30% of normal
    - 2. Significant dyspnea at rest
    - 3. Requires supplemental oxygen at rest
    - 4. Declines artificial ventilation
  - b. Critical nutrition impairment evidenced by:
    - 1. Oral intake insufficient
    - 2. Continuing weight loss
    - 3. Dehydration or hypovolemia
    - 4. Absence of artificial feeding methods
  - c. Life-threatening complications:
    - 1. Recurrent aspiration pneumonia
    - 2. Upper urinary tract infections (pyelonephritis)
    - 3. Sepsis
    - 4. Recurrent fever after antibiotic therapy
- Karnofsky score of 4 or less
- ADL score of 8 or less
- Descriptive score of 16 or less



# HOSPICE ADMISSION CRITERIA for END-STAGE RENAL FAILURE (ACUTE OR CHRONIC)

***Patient must meet 1-5:***

- Discontinuing or refusing dialysis
- Creatinine clearance < 10 cc/min (< 15 cc/min for diabetics)
- Serum creatinine > 8.0 mg/dl (> 6.0 mg/dl for diabetics)
- Karnofsky score of 6 or less
- ADL score of 20 or less
- Descriptive score of 16 or less

***Supporting documentation:***

- Mechanical ventilation
- Malignancy
- Chronic lung disease
- Advanced cardiac disease
- Sepsis
- Immunosuppression/AIDS
- Albumin < 3.5 gm/dl
- Cachexia
- Platelet count < 25,000
- Disseminated intravascular coagulation
- Gastrointestinal bleeding
- Uremia
- Oliguria (< 400 cc/day)
- Intractable hyperkalemia (>7.0)
- Uremic pericarditis
- Hepatorenal syndrome
- Intractable fluid overload



HOSPICE CARE  
OF SOUTH CAROLINA

---

# HOSPICE ADMISSION CRITERIA for ADVANCED END-STAGE SENESCENCE OR DEBILITY

- Karnofsky score of 5 or less
- ADL score of 12 or less
- Descriptive score of 19 or less
- At least one of the following conditions within the last 12 months:
  - a. Aspiration pneumonia
  - b. Pyleonephritis or other upper urinary tract infection
  - c. Septicemia
  - d. Multiple stage 3 or 4 decubitus ulcers
  - e. Fever, recurrent after antibiotics
  - f. Inability to maintain sufficient fluid and calorie intake with > 10% weight loss during the previous 6 months
  - g. A serum albumin of < 2.5 gm/dl
  - h. Significant dysphagia with associated aspiration measured objectively (eg., swallowing test or a history of choking/gagging with feeding)



# HOSPICE ADMISSION CRITERIA for END-STAGE PULMONARY DISEASE

## *Must be present:*

- Severe chronic lung disease as documented by **both**:
  - a. Disabling dyspnea at rest, poor response or unresponsive to bronchodilators, resulting in decreased functional capacity, fatigue, cough (bed to chair existence). Documentation of FEV1 after bronchodilator < 30% of predicated is objective evidence for disabling dyspnea. **AND**
  - b. Prior increasing visits to ER or prior hospitalizations for pulmonary infections and/or respiratory failure. Documentation of serial decrease of FEV1 > 40 ml/year is objective evidence for disease progression.
- Hypoxemia at rest on room air (pO<sub>2</sub> < 55mmHg or O<sub>2</sub> saturation < 88%) or hypercapnia (pCO<sub>2</sub> > 5mmHg)
- Karnofsky score of 5 or less
- ADL score of 18 or less
- Descriptive score of 20 or less

## *Supporting documentation for diagnosis:*

- Cor pulmonale and right heart failure (RHF) secondary to pulmonary disease (not secondary to left heart disease or valvulopathy)
- Unintentional weight loss of >10% of body weight over preceding 6 months
- Resting tachycardia > 100/min.



# HOSPICE ADMISSION CRITERIA for END-STAGE PARKINSON'S DISEASE

- Critical nutritional impairment evidenced by:
  - a. Oral intake of nutrients and fluids insufficient to sustain life
  - b. Continuing weight loss
  - c. Dehydration or hypovolemia
  - d. Absence of artificial feeding methods
- Rapid disease progression or complications in the preceding 12 months evidenced by:
  - a. Progression from independent ambulation to wheelchair or bed-bound status
  - b. Progression from normal to barely intelligible or unintelligible speech
  - c. Progression from normal to pureed diet
  - d. Progression from independent in most ADL's to needing major assistance
- Karnofsky score of 4 or less
- ADL score of 8 or less
- Descriptive score of 16 or less

## ***Supporting documentation:***

- Dyspnea at rest
- Patient declines artificial ventilation
- Recurrent aspiration pneumonia (with or without tube feedings)
- Upper urinary tract infections (pyelonephritis)
- Sepsis
- Recurrent fever after antibiotic therapy
- Stage 3 or 4 decubitus ulcers



# HOSPICE ADMISSION CRITERIA for MULTIPLE SCLEROSIS

- Critical nutritional impairment evidenced by:
  - a. Oral intake of nutrients and fluids insufficient to sustain life
  - b. Continuing weight loss
- Rapid disease progression or complications in the preceding 12 months evidenced by:
  - a. Progression from independent ambulation to wheelchair or bed-bound status
  - b. Progression from normal to barely intelligible or unintelligible speech
  - c. Progression from normal to pureed diet
  - d. Progression from independent in most ADL's to needing major assistance
- Life-threatening complications in the preceding 12 months as evidenced by **one or more** of the following:
  - a. Critically impaired breathing capacity
  - b. Dyspnea at rest
  - c. Patient declines artificial ventilation
  - d. Recurrent aspiration pneumonia (with or without tube feedings)
  - e. Upper urinary tract infections (pyelonephritis)
  - f. Sepsis
  - g. Recurrent fever after antibiotic therapy
  - h. Stage 3 or 4 decubitus ulcer
- Karnofsky score of 4 or less
- ADL score of 8 or less
- Descriptive score of 16 or less



# HOSPICE ADMISSION CRITERIA for END-STAGE CARDIAC DISEASE

## ***Musts be present:***

- Poor response to optimal treatment with diuretics and vasodilators including angiotensin converting enzyme (ACE) inhibitors
- The presence of significant symptoms of recurrent CHF at rest: evidence of fluid overload (edema, ascites, rales) and classifies as New York Heart Association Class IV (inability to carry on any physical activity without discomfort, symptoms of heart failure or angina at rest, or increased discomfort even with minimal exertion). Dyspnea with minimal exertion.
- Karnofsky score of 5 or less
- ADL score of 16 or less
- Descriptive score of 18 or less

## ***Supporting documentation:***

- Ejection fraction < 20%
- Treatment resistant symptomatic supraventricular or ventricular arrhythmias
- History of cardiac arrest or resuscitation
- History of unexplained syncope
- Brain embolism of cardiac origin
- Concomitant HIV disease



# HOSPICE ADMISSION CRITERIA for END-STAGE NEUROMUSCULAR DISEASE

- Critical breathing capacity with the following findings:
  - a. Dyspnea at rest
  - b. The requirement of supplemental oxygen at rest
  - c. No ventilator support
- Critical nutritional impairment evidenced by:
  - a. Oral intake of nutrients and fluids insufficient to sustain life
  - b. Continuing weight loss
  - c. Dehydration or hypovolemia
  - d. Absence of artificial feeding methods
- Rapid disease progression or complications in the preceding 12 months evidenced by:
  - a. Progression from independent ambulation to wheelchair or bed-bound status
  - b. Progression from normal to barely intelligible or unintelligible speech
  - c. Progression from normal to pureed diet
  - d. Progression from independent in most ADL's to needing major assistance
- Life-threatening complications in the preceding 12 months evidenced by **one or more** of the following:
  - a. Recurrent aspiration pneumonia (with or without tube feedings)
  - b. Upper urinary tract infections (pyelonephritis)
  - c. Sepsis
  - d. Recurrent fever after antibiotic therapy
  - e. Stage 3 or 4 decubitus ulcer
- Karnofsky score of 4 or less
- ADL score of 8 or less
- Descriptive score of 16 or less



# HOSPICE ADMISSION CRITERIA for ADULT FAILURE TO THRIVE

- Body Mass Index (BMI) < 22 kg/m  
BMI = 703 x patient's body weight in pounds + height in inches
- Declining enteral/parenteral nutritional support or not responding to such support
- Karnofsky score of 4 or less
- ADL score of 12 or less
- Descriptive score of 19 or less
- At time of recertification recumbent measurements (anthropometry) mid-arm circumference in cm may be substituted for BMI with documentation as to why a BMI could not be measured
- Other co-morbid conditions:
  - a. Aspiration pneumonia
  - b. Frequent UTI's
  - c. Septicemia
  - d. Decubitus ulcer(s)
  - e. Frequent URI's
  - f. Frequent opportunistic infections
  - g. Weight loss of > 10% over preceding months

