



## ADMISSION GUIDELINES

### *General Guidelines to Determine Hospice Admission*

The patient has a “life limiting” condition – due to a specific disease, a combination of diseases, or due to an undetermined cause, and clinical decline the last 6 months—documented by physician or nurse evaluation, laboratory or radiological studies, or increased hospital or emergency department admissions.

The treatment goal is for relief of symptoms, not cure.

The patient requires “considerable assistance and frequent medical care”—evidenced by assistance required in 3 or more ADLs: bathing, feeding, dressing, transfers, continence and ability to ambulate independently to the bathroom, OR nutritional decline, a weight loss of  $\geq 10\%$  of body weight in the last 6 months, OR meets specific criteria for disease type.

### *Specific Criteria – Common Cancer Diagnosis*

<b>Lung</b>	<b>Breast</b>	<b>Colon</b>	<b>Prostate</b>
<b>Small Cell</b> Untreated or relapse post treatment <b>Non Small Cell</b> Unresectable or relapse post treatment	Metastatic disease & Undergoing no treatment	Metastatic disease & Advanced local disease	Metastatic disease & Clear clinical decline over the last 6 months.

### *Specific Criteria – Non Cancer Types*

<b>Congestive Heart Failure/Angina</b>	<b>Chronic Obstructive Pulmonary Disease</b>	<b>Dementia</b>	<b>HIV Disease</b>
Shortness of breath or chest pain at rest. & Diuretic and Vasodilators optimized & Recurrent dysrhythmias or history of syncope; or baseline systolic BP less than 120, or history of cardiac arrest.	Dyspnea with minimal exertion or at rest & Hypoxia on O2 (O2 sat<88) OR Hypercapnea >50	Inability to ambulate independently & Some incontinence of bowel and bladder & Little or no intelligible speech & At least one secondary complication in the last year. (Pneumonia, Sepsis, etc.)	A CD4 count of less than 25 & Terminal secondary process (eg. CNS lymphoma, PML, Wasting syndrome, Toxoplasmosis, AIDS, dementia complex) OR Viral load >100,000