



Bringing Responsive and Compassionate Care Home

Hospice Indicator

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

ALZHEIMER'S DEMENTIA

- 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

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WHEN IS IT TIME TO CONSIDER HOSPICE CARE AS AN OPTION?

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

To learn more about our hospice services, call us at 617-332-0813.



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