

Disease Specific Indicators of Prognosis For Acceptance to House

Developed from National Hospice & Palliative Care Organization Guidelines

Acute Stroke/Coma

- Coma or persistent vegetative state for 3 days or more
- Myoclonus persistent after 3 days beyond the event
- Dysphagia severe enough to prevent the ability to sustain life

Comatose patients with any 4 of the following (3 days after the initial event)

- | | | |
|---|---|---|
| <input type="checkbox"/> abnormal brain stem response | <input type="checkbox"/> absent verbal response | <input type="checkbox"/> absent withdrawal response to pain |
| <input type="checkbox"/> serum creatinine > 1.5mg/dl | <input type="checkbox"/> Age > 70 | |

Chronic Stroke/Coma

- | | | |
|--|--|---|
| <input type="checkbox"/> Age > 70 | <input type="checkbox"/> Loss of ability to hold head up independently | <input type="checkbox"/> Frequent medical complications over period of 3-4 months |
| <input type="checkbox"/> Poor functional status (Karnofsky <40%) over period of 3 - 4 months | <input type="checkbox"/> Poor nutritional status, with progressive weight loss | <input type="checkbox"/> serum albumin < 2.5gm/dl |

Liver Disease

- | | | |
|--|--|--|
| <input type="checkbox"/> Consistent poor lab results or recent severe results (Prothrombin > 5 sec, serum albumin <2.5gm.dl) | <input type="checkbox"/> Ascites | <input type="checkbox"/> Hepatorenal syndrome |
| <input type="checkbox"/> Malnutrition, muscle wasting, active alcoholism, HBsAG +, hepatocellular carcinoma | <input type="checkbox"/> Peritonitis | <input type="checkbox"/> cirrhosis and ascites |
| <input type="checkbox"/> Hepatic encephalopathy, persistent with treatment
somnia, stupor, obtunded, coma | <input type="checkbox"/> Recurrent variceal bleeding persistent with treatment | <input type="checkbox"/> elevated creatinine, BUN
oliguria (400ml/d)
urine sodium concentration <10mEq/l |

Amyotrophic Lateral Sclerosis (ALS)

- | | | |
|---|--|---|
| <input type="checkbox"/> Rapid progression of illness over last 10 months | <input type="checkbox"/> from independent ambulation to w/c or bedbound | <input type="checkbox"/> from normal to pureed diet |
| | <input type="checkbox"/> from normal to barely intelligible or unintelligible speech | <input type="checkbox"/> from independent in ADL's to dependent |
- Critically impaired ventilatory capacity (significant dyspnea at rest, supplemental O2 needed at rest,

tracheostomy or ventilation)

Hospice House and Support Care of Williamsburg, Clinical Criteria for Admission to House

Disease Specific Indicators for Admission to House

(Cont) Amyotrophic Lateral Sclerosis (ALS)

- Critical nutritional impairment (artificial feeding discontinued, continued weight loss, dehydration, hypovolemia)
- Complications (recurrent aspiration pneumonia, decubitus ulcers, pyelonephritis, sepsis, recurrent fever after tx)

HIV

- CD4+ count <25 cells/mc/L (measured during period relatively free of acute illness; and continued disease progression)
- Viral load < 100,000 copies/ml and: choses no further tx, functional status is declining,
- Complications present

	<i>usual life expectancy</i>	<i>onset for admission to HH</i>
<input type="checkbox"/> CNS lymphoma	2.5 months	within last 3 weeks
<input type="checkbox"/> Progressive multifocal leukoencephalopathy	4 months	within last 2.5 months
<input type="checkbox"/> Cryptosporidiosis	5 months	within last 3.5 months
<input type="checkbox"/> Wasting	< 6 months	within last 4.5 months
<input type="checkbox"/> MAC bacteremia, untreated	< 6 months	within last 4.5 months
<input type="checkbox"/> Visceral Kaposi's sarcoma unresponsive to therapy	6 months mortality 50%	within last 4.5 months
<input type="checkbox"/> Renal failure (refuses/fails dialysis)	< 6 months	within last 4.5 months
<input type="checkbox"/> AIDS dementia complex	6 months	within last 4.5 months
<input type="checkbox"/> Toxoplasmosis	6 months	within last 4.5 months
- Presence of other factors:

<input type="checkbox"/> chronic persistent diarrhea (for 1 year)	<input type="checkbox"/> choice to stop treatment
<input type="checkbox"/> persistent serum albumin <2.5gm/dl	<input type="checkbox"/> CHF
<input type="checkbox"/> concomitant substance abuse	<input type="checkbox"/> age > 50

Dementia

- Loss of ability to smile, hold up head independently
- Complications present during the last year:

<input type="checkbox"/> aspiration pneumonia	<input type="checkbox"/> septicemia	<input type="checkbox"/> fever recurrent after antibiotics
<input type="checkbox"/> upper UTI	<input type="checkbox"/> decubitus ulcers	<input type="checkbox"/> inability/unwillingness to take food/fluids sufficient to sustain life

Pulmonary Disease

History of the following signs/symptoms over the last 6 months (at least)

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|---|---|--|
| <input type="checkbox"/> wheezing | <input type="checkbox"/> pulmonary hyperinflation
(barrel-chest) | <input type="checkbox"/> dyspnea at rest and with minimal exertion |
| <input type="checkbox"/> cyanosis | <input type="checkbox"/> copious/purulent sputum | <input type="checkbox"/> diminished breath sounds |
| <input type="checkbox"/> severe cough | <input type="checkbox"/> pursed-lip breathing | <input type="checkbox"/> depressed diaphragm |
| <input type="checkbox"/> recurrent infections | <input type="checkbox"/> accessory muscles of respiration | <input type="checkbox"/> increased expiratory phase |
| <input type="checkbox"/> oxygen dependent | <input type="checkbox"/> supraclavicular retractions | |

- Over the last 6 months, increased ER visits, hospitalizations for pulmonary infections/respiratory failure, and weight loss >10% of body weight, consistent resting tachycardia (>100/min)
- Presence of cor pulmonale or right heart failure due to lung disease
- Hypoxemic at rest with supplemental O2 (saturation <88%)

Renal Disease

Lab values for renal failure

- | | | |
|---|---|---|
| <input type="checkbox"/> Creatinine clearance <10ml/min
(<15 if diabetic) | <input type="checkbox"/> Serum creatinine >8mg/dl (<6mg/dl if diabetic) | |
| <input type="checkbox"/> Discontinued/refused dialysis | <input type="checkbox"/> Intractable fluid overload | <input type="checkbox"/> Oliguria (<400ml/day) |
| <input type="checkbox"/> Uremia (confusion, obtundation,
intractable n/v, pruritis, restless legs) | <input type="checkbox"/> Persistent hyperkalemia
(>7 with tx) | <input type="checkbox"/> Hepatorenal syndrome |
| <input type="checkbox"/> Uremic pericarditis | | |
| <input type="checkbox"/> Complications present | | |
| <input type="checkbox"/> mechanical ventilation | <input type="checkbox"/> advanced cardiac disease | <input type="checkbox"/> immunosuppression/AIDS |
| <input type="checkbox"/> malignancy - other organs | <input type="checkbox"/> advanced liver disease | <input type="checkbox"/> albumin <3.4gm/dl |
| <input type="checkbox"/> chronic lung disease | <input type="checkbox"/> sepsis | <input type="checkbox"/> cachexia |
| <input type="checkbox"/> gastrointestinal bleeding | | <input type="checkbox"/> platelet count <25,000 |
| <input type="checkbox"/> disseminated intravascular coagulation | | <input type="checkbox"/> age > 75 |

Heart Disease

History of the following signs/symptoms over the last 6 months (at least)

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|---|---|---|
| <input type="checkbox"/> <i>dyspnea at rest</i> | <input type="checkbox"/> <i>paroxysmal nocturnal dyspnea</i> | <input type="checkbox"/> <i>rales</i> |
| <input type="checkbox"/> <i>dyspnea with exertion</i> | <input type="checkbox"/> <i>diaphoresis</i> | <input type="checkbox"/> <i>gallop rhythm</i> |
| <input type="checkbox"/> <i>orthopnea</i> | <input type="checkbox"/> <i>cachexia</i> | <input type="checkbox"/> <i>liver enlargement</i> |
| <input type="checkbox"/> <i>edema</i> | <input type="checkbox"/> <i>JVD</i> | |
| <input type="checkbox"/> <i>chest pain</i> | <input type="checkbox"/> <i>neck veins distended above clavicle</i> | |

Over the last 6 months, optimal use of diuretics, with continued symptoms
(furosemide, bumetanide, ethacrynic acid, torsemide, metolazone)

Over the last 6 months, optimal use of vasodilators, with continued symptoms
(nitrates, hydralazine, benazepril, captopril, enalapril, fosinopril, lisinopril, quinapril, ramipril)

Complications present

- | | |
|--|---|
| <input type="checkbox"/> <i>history of symptomatic arrhythmias resistant to therapy</i> | <input type="checkbox"/> <i>history of syncope</i> |
| <input type="checkbox"/> <i>history of cardiac arrest and resuscitation</i> | <input type="checkbox"/> <i>concomitant HIV disease</i> |
| <input type="checkbox"/> <i>cardiogenic brain embolism(i.e. embolic CVA of cardiac origin)</i> | |