

# Identifying Residents who may be Appropriate for Hospice or Palliative/Comfort Care Orders

## I. Residents with Selected Diagnoses who may be Appropriate for Hospice

### Congestive Heart Failure

- Symptoms of CHF at rest (*New York Heart Association class IV*)
- Serum sodium level < 134 mmol/L or creatinine level > 2.0 mg/dL due to poor cardiac output
- Intensive care unit admission for exacerbation

### Chronic Obstructive Pulmonary Disease

- Cor pulmonale (*right-sided heart failure associated with COPD*)
- Intensive care unit admission for exacerbation
- New dependence in two activities of daily living (ADLs) due to COPD symptoms
- Chronic hypercapnia (*PaCO<sub>2</sub> > 50 mm Hg*)

### Dementia

- Dependence in all ADLs, language limited to just a few words, and inability to ambulate
- Acute hospitalization (*especially for pneumonia or hip fracture*)
- Difficulty swallowing with recurrent aspiration
- Has feeding tube due to dementia or swallowing difficulty related to dementia

### Cancer

- Poor physical performance status as a result of cancer (*dependence in multiple ADLs*)
- Multiple tumor sites
- Metastatic cancer involving liver or brain
- Bowel obstruction due to cancer
- Pericardial effusion due to cancer

## II. Residents at High Risk of Actively Dying who Should be Considered for Palliative or Comfort Care Orders (*if not already on Hospice*)

- Frequent Emergency Room visits and/or hospitalizations over the last 6 months
- Sudden, major decline in functional status with no identified reversible causes
- Primary diagnosis of metastatic cancer with chronic pain and/or poor ADL function, not on chemotherapy
- Semi-comatose or comatose state with no identified reversible causes
- Inability or difficulty taking oral medicines
- Minimal oral intake (*or receiving continuous or intermittent IV hydration*)
- Mottling of extremities related to poor oral intake or volume depletion