

Referral Indicator

- 1 SIGNIFICANT PAIN**
Physical, emotional or spiritual pain
- 2 WEIGHT LOSS**
Unintended weight loss and marked loss of appetite
- 3 SLEEPLESSNESS**
Hard time sleeping
- 4 EMOTIONAL DISTRESS**
Struggling with life's losses
- 5 BREATHLESSNESS**
Frequently out of breath or uses oxygen
- 6 FORGETFULNESS**
Seems confused, forgetful or disoriented
- 7 MANY DOCTOR, EMERGENCY VISITS**
Life revolves around illness or hospital emergency room
- 8 FATIGUE**
Shows significant discomfort, fatigue or weakness
- 9 LOSS OF MOBILITY**
Finds it difficult to walk easily might use a cane or walker
- 10 CAREGIVER STRESS**
Mentally, emotionally and physically exhausted

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General Guidelines For Palliative Care

Patient diagnosed with chronic, progressive disease and experiencing pain or symptoms.

General Guidelines For Hospice Care

Patients may be eligible for Capital Caring Health Hospice Services if any or all of the following are present:

- Decrease in ability to care for self
- Recurrent or intractable infections, such as pneumonia, sepsis, UTI's
- Unintended weight loss
- Decrease in cognitive abilities
- Treatment is having negative impact on quality of life
- Multiple trips to doctor/ER/hospitalizations
- Lack of response to treatment
- Worsening symptoms/disease
- Patient/family desires "comfort care"

Disease-Specific Guidelines

Please use these guidelines to help determine when your patient may be able to begin receiving Capital Caring Health Hospice Services.

ALS (Amyotrophic Lateral Sclerosis)/ Lou Gehrig's Disease

- Needs major assistance by caregivers in ADL's
- Is becoming wheelchair or bed bound
- Is losing intelligible speech
- Dyspnea at rest
- Requires pureed diet
- Significant oral secretions with dysphagia: choking or coughing
- Vital capacity \leq 30%

Cancer

- Unintended weight loss
- Functional decline
- Metastatic disease

Coma

- Any of the following after Day 3:
- Absent withdrawal response to pain
 - Abnormal brain stem response
 - Absent verbal response

COPD (Advanced Lung Disease)

- Disabling dyspnea at rest
- Oxygen dependent
- Cor pulmonale (right heart failure)

CHF (Congestive Heart Failure)

- Angina at rest
- Dyspnea at rest
- Untreatable ascites or peripheral edema
- Recurrent symptoms of CHF at rest
- Compromised ejection fraction
- NYHA Class IV functional status

Dementia

- Unable to walk w/o assistance
- Unable to dress w/o assistance
- Unable to bathe w/o assistance
- Incontinence

HIV/AIDS

- Untreated or persistent wasting
- CNS lymphoma or Kaposi's Sarcoma
- Viral load > 100,000 copies/mL

- Chronic Renal Failure (See ESRD)

- Encephalopathy (PML)

- MAC bacteremia

- Cryptosporidium or Toxoplasmosis infection

- CD4 Count < 25 cells/mCL

Liver Disease

- End-stage liver disease with refractory jaundice, ascites, edema, encephalopathy, recurrent variceal bleeding, spontaneous bacterial peritonitis

- INR > 1.5 seconds

ESRD (End-Stage Renal Disease)

- Signs and symptoms of renal failure

- BUN or creatinine significantly elevated

Stroke

Severe dysphagia, preventing patient from receiving food/fluids necessary to sustain life (for patients who decline/do not receive artificial nutrition)



Karnofsky Performance Scale

Normal, no complaints, no evidence of disease	100%
Able to carry on normal activity, minor signs or symptoms of disease	90%
Normal activity with effort, some signs or symptoms of disease	80%
Cares for self, unable to carry on normal activity or active work	70%
Requires occasional assistance; able to care for most of own needs	60%
Requires considerable assistance and frequent medical care	50%
Disabled, requires special care and assistance	40%
Severely disabled, hospitalization indicated although death not imminent	30%
Very sick, hospitalization necessary active supportive treatment necessary	20%
Moribund, fatal processes progressing rapidly	10%

Palliative Performance Scale

Full: Normal activity & work, no evidence of disease
Full: Normal activity & work, some evidence of disease
Full: Normal activity with effort, some evidence of disease
Reduced: Unable to do normal job/work, significant disease
Reduced: Unable to do hobby/housework, significant disease
Mainly sit/lie: Unable to do any work, extensive disease
Mainly in bed: Unable to do most activity, extensive disease, normal or reduced oral intake
Totally bed bound: Unable to do any activity, extensive disease, reduced oral intake
Totally bed bound: Unable to do any activity, extensive disease, minimal oral intake
Unable to do any activity, extensive disease, minimal or no oral intake, mouth care for comfort

This scale is an objective means of documenting a patient's clinical decline. **Any patient with KPS/PPS less than or equal to 50 may be appropriate for Capital Caring Health Hospice Services.**