**PART I** General Decline = irreversible progression shown by

A1. Clinical
- Recurrent infection: pneumonia, sepsis, pyelonephritis
- Inanition with one of:
  1. weight loss > 10% in 6 months
  2. arm circumference; abdominal girth;
  3. clothes loose, skin turgor, skin folds
  4. albumin or cholesterol
  5. dysphagia + aspiration + oral intake

A2. Symptoms
- Dyspnea + RR ↑; intractable cough; nausea/vomiting despite tx; intractable diarrhea; pain + need major analgesia

A3. Signs
- BP ↑ to < 90 or postural hypotension; ascites; venous, lymphatic or arterial obstruction; edema; pleural/pericardial effusions; weakness; ↓ LOC
- pCO2 ↓; pO2 02 sat ↓
- Liver tests ↑; tumor markers ↑; Na or K ↑; or
- Albumin or cholesterol
- Dysphagia + aspiration + oral intake

A4. Lab
- INR > 1.5 AND
- pCO2 ↓; pO2 02 sat ↓; Calcium, Cr, Liver tests ↑; tumor markers ↑; Na or K ↑; or
- Albumin or cholesterol
- Dysphagia + aspiration + oral intake

- ↓ to 7a or below

A7. Progression to dependence on >1 ADL (bath, feed, dress, transfer, ambulate, continence)
- Stage 3-4 pressure ulcers despite care
- ↓ medical visits for hospice dx

**PART II** Need A+B; C supports

A. KPS or PPS < 70% (~50% HIV; ~40% stroke)
B. Dependence on >1 ADL (bath, feed, dress, transfer, ambulate, continence)
C. Comorbidities such as COPD, CHF, CAD, DM, Stroke, ALS, MS, Parkinson’s, CKD, Liver, Cancer, AIDS, Dementia, Immune or Autoimmune, RA, SLE

**PART III** Disease specific criteria

Cancer: Poor prog (small cell, pancreatic, brain) or Mets + decline despite tx or declines tx

Alzheimer’s Dementias:
- FAST 7 < 7 words/visit + no consistent meaning to speech
- Needs assistance for all ADL’s (see Part II)
- In the last year, one of: aspiration pneumonia, pyelonephritis, sepsis, stage 3-4 ulcer, fever post antibiotic, albumin < 2.5, wgt ↓ >10%

Heart Disease: 1 + 2; 3 supports
- Optimally treated or declines treatment
- NYHA Class IV (mostly bedbound, symptoms at rest) or EF < 20% in CHF
- SVT/arrhythmias, hx resuscitation/arrest, hx unexplained syncope, cardiogenic stroke, HIV
- Liver: 1 + 2; 3 supports
- INR > 1.5 AND albumin ↓ 2.5
- One of: ascites, spontaneous bacterial peritonitis, hepatorenal syndrome, refractory encephalopathy, recurrent variceal bleeding despite therapy
- Stage 3-4 pressure ulcers despite care
- ↓ medical visits for hospice dx

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PART III. Disease specific criteria continued

Pulmonary: 1 + 2; 3 supports
1a. Disabling SOB (fatigue, cough, bed to chair) or document FEV1 <30% post tx and
b. Increasing medical visits or declining FEV1 >40 ml/yr
2. pO2 <56 mm or sat <89% OR pCO2 >49 mm
3. R CHF, wgt >10% over 6 months, resting tachycardia >100
Reanal: 1 + 2; 3 supports
1. Dialysis stopped or needed and chosen against
2. One of: CrCl < 10 cc/min (< 15 CHF/ < 20 DM) OR Cr > 8.0 mg/dl (> 6.0 DM)
   OR in ARF: eGFR < 10 cc/min; OR in CKD: s/s of uremia: u/o < 400 cc/24 hr,
   Cr > 0.6 wtx, uric pericarditis, pericarditis, hypertensive encephalopathy
   fluid overload
3. In ARF: comorbid vent, cancer, advanced lung CV/ liver dz, AIDS, albumin < 3.5,
Pit <25, DIC, GI bleed; OR in CKD: eGFR <10 cc/min
Stroke: 1 + 2 + 3
1. KPS/PPS <40%
2. Cannot maintain adequate Intake
3. One of: wgt >10% in 6 months or 7.5% in 3 months; albumin < 2.5, aspiration despite
evaluation, calorie counts w/ inadequate intake, dysphagia w/o artificial hydration/nutrition
Cona: 1 + 2 + 4 supports
1. On day 3: three of: abn brainstem response, absent verbal, absent withdrawal to
   pain, Cr > 1.5
2. In last year: aspiration pneumonia, pyelonephritis, Stage 3-4 ulcers, fever post antibiotics
   2. CT findings: Hemorrhagic: ventricular blood, > 20 cc infratentorial or > 50 cc
      supratentorial, > 30% surface area, midline shift > 1.5 cm, obstructive hydrocephalus
      not treated by shunt
   3. Thrombotic: large anterior with cortic and subcortical involvement; biehemispheric
      stroke; basilar or bilateral vertebral artery
ALS: 1 + (2 or 3) + 4 and/or 5 supports
1. Trajectory consistent with 6 months prognosis with muscle denervation
   widespread, no assisted ventilation
2. Impaired breathing + FVC <40% predicted + 2 out of: SOB rest, orthopnea, accessory
   muscle use, abdominal breathing, RR > 20, reduced speech due to breathing, weak
   cough, sleep disordered breathing, PND or awakening due to breathing, somnolence,
   unexplained headaches, confusion, anxiety, nausea
3. of the above symptoms (if cannot get FVC)
4. Impaired swallowing with dysphagia AND at least 5% wgt loss
5. Neurology opinion within 3 months of hospice admission
HIV/AIDS: 1 + 2 + 3 supports
1. CD4 <25 cells/ml or viral load persists >100,000/ml + 1 of: CNS lymphoma, > 10%
wgt j, cryptosporidium, progressive multifocal leukoencephalopathy, systemic
   lymphoma, visceral Kaposi’s, renal failure, toxoplasmosis or MAC despite tx or refuses tx
2. KSPPS < 50%
3. Chronic diarrhea, albumin < 2.5, substance abuse, age > 50, refuses or resistance to
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