Guidelines for Determining Prognosis

Heart to Heart Hospice

End Stage Renal Disease
Required: 1 & 2 or 1 & 3
1. Discontinuation or refusal of dialysis or renal transplant
2. Creatinine clearance < 10 cc/min (< 15 cc/min for diabetics) or < 15 cc/min (< 20 cc/min for diabetics) with co-morbidity of CHF
3. Serum Creatinine > 8.0 mg/dl (> 6.0 mg/dl for diabetics)

Cardiopulmonary Conditions
Cardiac Disease: 1 & 2 should be present
1. Optimally treated with diuretics & vasodilators (ACE inhibitors); If not, must document why.
2. Class IV of NY Heart Association (unable to carry out physical activity without symptoms increasing. Symptoms present at rest)

Pulmonary Disease: ALL are required
1. Disabling dyspnea at rest, poor or unresponsive to bronchodilators resulting in decreased functional capacity, e.g. bed to chair existence, fatigue and cough
2. Increase FEV1 < 30% if available
3. Progression of end stage pulmonary disease, as evidenced by prior increasing visits to the ER or current / prior hospitalizations over previous 6 months & / or last benefit period for respiratory infections & / or respiratory failure
4. Hypoxemia at rest on room air, as evidenced by ≤ 55mm/Hg or sat ≤ 88% on supplemental oxygen
5. Hypercapnia with > 50mm/Hg, if available

Terminal Stage ALS
Required: 1, 2 & 3 (OR) 1 & 4
1. Rapid progression of disease as demonstrated by progression from:
   a. Ambulation to wheelchair or bed-bound status
   b. Normal to barely intelligible or unintelligible speech
   c. Normal to Pureed diet
   d. Independent in most / all ADL’s to needing major assistance from caregivers with ADL’s
2. Critically impaired breathing capacity:
   a. Vital Capacity < 30% of normal
   b. Significant Dyspnea at rest
   c. Declines artificial ventilation; external ventilation used for comfort measures only
3. Critical nutritional impairment:
   a. Oral intake of nutrients and fluids insufficient to sustain life
   b. Continued weight loss
   c. Dehydration or Hypovolemia
   d. Absence of artificial feeding methods.
4. Life-threatening complications as evidenced by:
   a. Recurrent aspiration Pneumonia
   b. Upper UTI
   c. Sepsis
   d. Recurrent fever after antibiotics
   e. Decubitus ulcers, Stage III-IV

HIV
ALL are required:
1. CD4 < Count < 25 cells/mcL or persistent viral load> 100,000 copies/ml, plus ONE of the following:
   a. CNS Lymphoma; 
   b. Untreated, or unresponsive to treatment, wasting (loss of 33% lean body mass); 
   c. MAC Infection, untreated, unresponsive to treatment; 
   d. Cryptosporidium infection; 
   e. Systemic lymphoma; with advanced HIV disease 
   f. Progressive multifocal leukoencephalopathy;
   g. Visceral Kaposi’s Sarcoma, unresponsive to therapy; 
   h. Toxoplasmosis, unresponsive to therapy; 
   i. Renal failure without dialysis.
2. PPS < 50%