

When is a patient eligible for hospice?



HOSPICE **SCREENING TOOL**

Hospice is not about “giving up”, it’s about changing the treatment focus to improve comfort and quality of life.

Treating patients with advanced disease can be difficult. Determining a six-month prognosis can be even more challenging. The hospice screening tool is designed to guide a clinician’s thought process when considering eligibility for hospice care.

A decline in **functional status** is the single leading indicator of hospice eligibility, regardless of disease process. Other signs and symptoms that a patient is nearing the end of life are;

- Frequent hospitalizations or ER visits
- Significant weight loss in 3-6 months
- Continued decline regardless of treatment

Use the screening tool on the back page to determine if your patient qualifies for hospice. If you check several boxes aligned with “Call for Hospice Evaluation”, your patient could be eligible for symptom management medications to help control pain, supplies and equipment to support comfort, and emotional support for your patient and their family.

Heart to Heart Hospice

Compassionate Care from Our Heart to Yours



When is a patient eligible for hospice?

FUNCTIONAL STATUS	ACTION REQUIRED	
Palliative Performance Scale (for all disease processes)		
≥30% (completely disabled, unable to perform any self-care, bed bound, extensive disease)		Call for Hospice Evaluation
= 40% (mainly in bed, limited self-care, unable to do any work, extensive disease)		Call for Hospice Evaluation
= 50% (mainly sit or lie, unable to do any work, considerable assistance needed, extensive disease)		Observe for decline
ECOG (for Advanced Cancer Patients)		
Grade 4 - Completely disabled (unable to perform any self-care, confined to bed or chair). ECOG 4 correlates with a prognosis of < 1 month		Call for Hospice Evaluation
Grade 3 - Capable of only limited self-care (confined to bed or chair more than 50% of waking hours). ECOG 3 correlates with a prognosis of < 3 months		Call for Hospice Evaluation
Grade 2 - Ambulatory and capable of all self-care, but unable to carry out work activities		Observe for changes
DISEASE PROCESS	ACTION REQUIRED	
Advanced Lung Disease (COPD) - disabling SOB at rest, bed to chair existence, poor/no response to bronchodilators, multiple hospitalizations/ED visits < 90 days		Call for Hospice Evaluation
Advanced Lung Disease (COPD) - unintentional weight loss, increased functional decline		Observe for changes
Advanced Cardiac Disease (CHF, CAD, cardiomyopathy) - NY Heart Class IV, discomfort at rest, multiple hospitalizations/ED visits <90 days		Call for Hospice Evaluation
Advanced Cardiac Disease (CHF, CAD, cardiomyopathy) - continued functional decline, co-morbidities, increased fatigue, increased O2 usage, frequent physician visits		Observe for changes
Advanced Cancer - metastatic or recurring, failed therapies, ECOG 3 or 4, treatment discontinued		Call for Hospice Evaluation
End-stage Kidney Disease - patient refuses or stopping dialysis		Call for Hospice Evaluation
End-stage Kidney Disease - weight loss, functional decline, increased infections, uncontrolled pain, increasing weakness		Observe for changes
Advanced Liver Disease - ascites refractory to treatment, bacterial peritonitis, albumin <2.5, multiple hospitalizations/ED visits < 90 days		Call for Hospice Evaluation
Advanced Liver Disease - malnutrition, muscle wasting, frequent paracentesis		Observe for changes
Advanced Dementia - stage 3 or 4 wounds that will not heal, >10% weight loss in <6 months, consistent weight loss for 3 months, multiple hospitalizations/ ED visits < 90 days, FAST stage seven		Call for Hospice Evaluation
Advanced Dementia - change in ambulation from independent to assist, change in nutritional intake, changes in need for support of all ADLs		Observe for changes
Advanced Neurological Diseases (ALS, Parkinson's, MS) - signs of swallowing disorder, recurrent infections, incapable of self-care, multiple hospitalizations/ED visits < 90 days		Call for Hospice Evaluation
OTHER SYMPTOMS OF ADVANCED DISEASE	ACTION REQUIRED	
Need and desire for comfort care / advanced care planning		Call for Hospice Evaluation
Repeat hospitalizations / ED visits for same disease process in <90 days		Call for Hospice Evaluation
Unable to provide any self-care, unusual change in mobility or cognition		Call for Hospice Evaluation
Uncontrolled pain		Call for Hospice Evaluation
Stage 3 or 4 wounds		Call for Hospice Evaluation
Hospitalizations for infections, fractures, dehydration, pneumonia		Call for Hospice Evaluation
Refusing / unable to eat or drink, unusual change in weight		Call for Hospice Evaluation
Progressive decline despite treatment		Call for Hospice Evaluation
Numerous medication changes		Call for Hospice Evaluation
Note: Review symptoms on the left panel and check the applicable box on the right		

