

Common Indicators of End Stage Disease



Please note: patient may exhibit **ONE** or more of the following:

Core and Disease-Specific Indicators:			
<p>Heart Disease – CHF</p> <ul style="list-style-type: none"> • Symptomatic despite maximal medical management with diuretics and vasodilators • NYHA Class IV • Ejection fraction < 20% • History of cardiac arrest • *Pacemaker/AICD <p>Pulmonary Disease - COPD</p> <ul style="list-style-type: none"> • Disabling Dyspnea at rest, bed to chair existence • Recurrent pulmonary infections • Unintentional weight loss • Resting tachycardia >100/min • FEV1 <30% • pO2 <55mm Hg • O2 sat <88% (on room air) • pCO2, 50mm Hg <p>Stroke and Coma</p> <ul style="list-style-type: none"> • Level of consciousness down, comatose • Post-stroke dementia • Palliative Performance Scale, 40% or less • Predominately bed bound • Unable to do self care w/o assistance • Dysphagia • Co-morbidities: Aspir. pneumonia, URI, sepsis 	<p>Alzheimer's/Dementia</p> <ul style="list-style-type: none"> • Fast score of ≥ 7 • Urinary and fecal incontinence • Speech limited to <6 words/day • Unable to sit up or hold head up • Dysphagia • Not responding to nutritional support • Weight loss • Co-morbidities: Aspir. pneumonia, UTI, sepsis, decubiti <p>Debility Unspecified</p> <ul style="list-style-type: none"> • Multiple co-morbidities with no primary diagnosis • Emphasis on Core Indicators <p>Amyotrophic Lateral Sclerosis</p> <ul style="list-style-type: none"> • Unable to walk, needs assistance with ADL's • Barely intelligible speech • Difficulty swallowing • Oral intake insufficient to sustain life • Significant dyspnea, on O2 at rest • Co-morbidities: pneumonia, URI, sepsis • Feeding tube • *Assisted ventilation 	<p>Failure to Thrive</p> <ul style="list-style-type: none"> • Declines enteral/parenteral support • Not responding to nutritional support • Palliative Performance Scale 40% or less • Body Mass Index < 22 kg/m2 <p>Core Indicators</p> <ul style="list-style-type: none"> • Physical Decline • Weight Loss • Serum Albumin <2.5 gm/dl • Not Responding to Nutritional Support • Palliative Performance Scale (PPS), 40% or less • Multiple Co-morbidities • Frequent Hospitalizations • Loss of Will to Live <p>Liver Disease</p> <ul style="list-style-type: none"> • Hepatic encephalopathy refractory to treatment • Recurrent variceal bleeding • Ascites despite maximum therapy • Peritonitis • Hepatorenal syndrome • Serum albumin <2.5g/dl • PTT >5sec above control • *Liver transplant 	<p>Renal Disease</p> <ul style="list-style-type: none"> • Signs of uremia (confusion, nausea, pruitis, restlessness, pericarditis) • Intractable fluid overload • Oliguria <400cc/24hrs • Creat. Clear. <10cc/min • Hyperkalemia >7mEq/L • *Dialysis, Renal transplant <p>HIV/AIDS</p> <ul style="list-style-type: none"> • Wasting syndrome • CD4 <25/mcl • CD4 >50/mcl • Viral load >100,000/mil despite therapy • Viral load <100,000 mil plus complications • AIDS dementia • Current substance abuse • Co-morbidities • Non-adherence to antiviral, chemotherapeutic and prophylactic drug therapy

*Adapted Medical Guidelines for Determining Prognosis in Selected Non-cancer Diseases, 2nd ed. National Hospice Organization, 1996 and Palmetto GBA Local Coverage Decisions