



IOWA CITY HOSPICE

Quick Reference for Hospice Admission Guidelines

Please contact Iowa City Hospice to make a referral or if you have any questions.
Referrals are accepted 24 hours a day, seven days a week.

319-351-5665 • 800-897-3052

Fax 319-351-5729 • www.iowacityhospice.org

After hours, to page the Iowa City Hospice nurse on-call

319-339-0300 • 800-637-2942

Iowa City Hospice is our community's not-for-profit provider of hospice care and grief support.
Services are available to anyone who resides in our seven-county service area (Cedar, Iowa, Johnson, Linn, Louisa, Muscatine and Washington), regardless of their ability to pay.

Think About Iowa City Hospice When...

HEART

1. Optimal treatment for CAD and CHF (New York Heart Association Class III-IV) and no surgical options or patient declines treatment **AND**
2. Dyspnea or angina at rest.

LIVER

1. PT/INR over 1.5 and serum albumin <2.5 **AND**
2. Ascites or peritonitis or hepatorenal syndrome or urine Na <10 or hepatic encephalopathy or recurrent variceal bleeding.

(The patient awaiting liver transplant who meets these guidelines can be admitted and discharged if an organ is procured.)

PULMONARY

1. FEV1 < 30% **OR** bed to chair existence **OR** increasing ER visits **AND**
2. Hypoxemia on room air: PO2 of 55 mmHg.

RENAL

1. Not seeking dialysis, or stopping dialysis **AND EITHER 2 or 3**
2. CrCl <10 cc/min
3. Serum Cr. 8.0

STROKE

1. Palliative Performance Scale (PPS) < 40% **AND**
2. Weight loss of 10%, serum albumin <2.5, aspiration pneumonia, dysphagia and patient declines artificial nutrition **OR**
3. Comatose on Day 3 showing: Abnormal brain stem response, absent verbal response, absent withdrawal to pain, serum Cr > 1.5.

DECLINE IN CLINICAL STATUS

1. 10% weight loss in 6 months **AND**
2. Recurrent infection **OR** pressure ulcers **AND**
3. Palliative Performance Scale (PPS) <50% **OR**
4. Nearly qualifying on two other Hospice diagnoses (2 "near-misses")

DEMENTIA

1. Functional Assessment Staging (FAST*) scale 7A: < 6 words, incontinent of bowel and bladder. **AND EITHER 2, 3 OR 4**
2. 10% weight loss in last 6 months **OR**
3. Serious infection in last 6 months **OR**
4. Stage III or IV decubiti

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ALS

1 OR 2 OR 3

1. Impaired breathing: Vital capacity id < 30% normal, dyspnea at night, oxygen at rest.
2. Progression: Ambulation to a wheelchair, nl speech to barely intelligible, normal to pureed diet, independence in ADL to dependence in ADL, weight loss.
3. Life threatening infections: Recurrent aspiration pneumonia, UTI, recurrent fever, Stage 3 or 4 decubiti.

PARKINSON'S

1. Continuing weight loss
2. Dehydration or hypovolemia
3. Absence of artificial feeding methods

OR

Rapid disease progression or complications in the preceding 12 months evidenced by any two of the following:

- Progression from independent ambulation to wheelchair.
- Progression from normal to barely intelligible speech.
- Progression from normal to pureed diet.
- Progression from independent in most or all activities of daily living (ADLs) to needing major assistance by caretaker in all ADLs.

CANCER

1. Metastatic at time of diagnosis **OR** known highly aggressive tumor **AND**
2. Decline despite therapy **OR**
3. Patient refuses therapy for cancer **OR**
4. No chemotherapeutic option.

- ✓ Admission to hospice is dependent upon the physician's certification that an individual's life expectancy is six months or less.
- ✓ A patient can be discharged from hospice care if his/her condition improves or stabilizes over time such that a prognosis of six months or less is no longer applicable.



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