



## Why You Should Not Wait to Call Vitality

Simply put: Hospice makes whatever time the patient and family has better.

Once patients and families experience the level of care they receive, as well as the education and support provided to family members, they understand how much having a hospice team improves the whole family's quality of life.

To make a hospice referral or get more information call us at:

**877-288-0042**

### Indicators for Hospice Referrals - Heart Disease

#### A checklist for clinicians including Emergency Department staff

Numbers 1 and 2 should be present. Factors from number 3 provide additional support for end-stage disease. *Patients who do not fully meet the criteria may still be deemed eligible for hospice based on the totality of their clinical picture and documentation of such.*

1. Patient is, or has been, already optimally treated for heart disease as documented by:
  - Patient has angina pectoris, at rest, resistant to standard nitrate therapy and is not a candidate for, or has declined, surgical procedures
  - Physician has verified the patient is on optimal diuretic and vasodilator (usually including ACE inhibitors or combination of hydralazine and nitrates) therapy. If not on vasodilators, there must be a medical reason for refusing, e.g. hypotension or renal disease and that reason must be documented in the medical record.
2. Functional Capacity: How patient with cardiac disease feels during physical activity:
  - Patient is classified as New York Heart Association Class IV
  - Inability to carry on any physical activity without discomfort
  - Symptoms of heart failure or the anginal syndrome may be present even at rest.
  - If any physical activity is undertaken, discomfort increases.
  - Has significant symptoms of recurrent congestive heart failure
3. Documentation of the following factors will support terminal prognosis, but are not required to establish eligibility for hospice care:
  - Documentation of ejection fraction of 20%
  - Treatment-resistant symptomatic supraventricular or ventricular arrhythmias
  - History of cardiac arrest or resuscitation in any setting
  - History of unexplained syncope of any cause, cardiac or otherwise
  - Cardiogenic brain embolism, i.e. embolic CVA of cardiac origin
  - Concomitant HIV disease



**Vitality Hospice  
& Palliative Care**

