



## Indicators for Hospice Referrals - Pulmonary Disease

A checklist for clinicians including Emergency Department staff

Numbers 1 and 2 should be present. Documentation of Critical Signs & Symptoms will lend support. 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. Severe chronic lung disease as documented by BOTH of the following:
  - Disabling dyspnea at rest, unresponsive or poorly responsive to bronchodilators, resulting in decreased functional capacity, i.e. bed to chair existence, fatigue, and cough
  - Progression of end stage pulmonary disease as evidenced by increasing use of medical service for pulmonary infections and/or respiratory failure: ED visits, hospitalizations, or trips to physician's office.
2. Hypoxemia at rest on room air, as evidenced by:
  - oxygen saturation < 88%
  - pO<sub>2</sub> < 55mm Hg

### Critical Signs & Symptoms

- Hypercapnia, as evidenced by pCO<sub>2</sub> > 50 mmHg
- Continuous oxygen therapy
- Resting tachycardia >100/min
- Steroid-dependent
- Cyanosis
- Unintentional weight loss of >10% in six months
- Decreased tolerance in physical activity
- Right heart failure (RHF) secondary to pulmonary disease (Cor pulmonale), not secondary to left heart disease of valvopathy



**Vitality Hospice  
& Palliative Care**

## 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**