Part I. Decline in clinical status guidelines — Progression of disease as documented by worsening clinical status, symptoms, signs and laboratory results

Clinical Status
- Recurrent or intractable infections such as pneumonia, sepsis or upper urinary tract.
- Progressive inanition as documented by:
  A. Weight loss not due to reversible causes such as depression or use of diuretics
  B. Decreasing anthropomorphic measurements (mid-arm circumference, abdominal girth), not due to reversible causes such as depression or use of diuretics
  C. Decreasing serum albumin or cholesterol
    • Dysphagia leading to recurrent aspiration and/or inadequate oral intake documented by decreasing food portion consumption.

Symptoms
- Dyspnea with increasing respiratory rate
- Cough, intractable
- Nausea/vomiting poorly responsive to treatment
- Diarrhea, intractable
- Pain requiring increasing doses of major analgesics more than briefly

Signs
- Decline in systolic blood pressure to below 90 or progressive postural hypotension, ascites, venous, arterial or lymphatic obstruction due to local progression or metastatic disease, edema, pleural/pericardial effusion, weakness, change in level of consciousness

Laboratory (When available. Lab testing is not required to establish hospice eligibility.)
- Increasing pCO2 or decreasing PO2 or decreasing SaO2
- Increasing calcium, creatinine or liver function studies
- Increasing tumor markers (e.g. CEA, PSA)
- Progressively decreasing or increasing serum sodium or increasing serum potassium

Part II. Non-disease specific baseline guidelines

- Hospital readmission with the same admitting diagnosis, 3 hospital admissions within 60 days or readmission within 72 hours of hospital discharge.
- Physiologic impairment of functional status as demonstrated by:
  Karnofsky Performance Status (KPS) or Palliative Performance Score (PCS) <70%.
- Dependence on assistance for two or more activities of daily living (ADLs): Feeding, Ambulation, Continence, Transfer, Bathing or Dressing
- Progressive Stage 3-4 pressure ulcers in spite of optimal care

Part III. Co-morbidities

Although not the primary hospice diagnosis, the presence of co-morbidities, the severity of which is likely to contribute to a life expectancy of six months or less, should be considered in determining hospice eligibility.

See back for more information.
For more information, please contact Mercy Hospice:

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