

Hospice of Marion County
Guideline for Determining Terminal Prognosis – Stroke & Coma - Initial

The following criteria will support a prognosis of six months or less if the terminal illness runs its normal course for patients with **Stroke & Coma** on initial certification

Non-disease specific baseline guidelines: (both 1 and 2 should be met)

- 1) **Physiologic impairment of function status:** *See Disease Specific Guideline #1 for Stroke below.*
- 2) **Dependence** on assistance for **2 or more** activities of daily living (ADLs):
- | | | |
|-----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Feeding | <input type="checkbox"/> Ambulation | <input type="checkbox"/> Continence |
| <input type="checkbox"/> Transfer | <input type="checkbox"/> Bathing | <input type="checkbox"/> Dressing |
- PLUS**

Disease Specific Guidelines:

STROKE

- 1) **Karnofsky Performance Status (KPS) or Palliative Performance Scale(PPS), of $\leq 40\%$**
- 2) **Inability to maintain hydration and caloric intake with one (1) of the following:**
- a) **Weight loss $>10\%$** in the last 6 months
 or
- Weight loss $>7.5\%$** in the last 3 months
- b) **Serum albumin <2.5 gm/dl**
- c) Current **history of pulmonary aspiration** not responsive to speech language pathology intervention
- d) Sequential calorie counts documenting **inadequate caloric/fluid intake**
- e) **Dysphagia** severe enough to prevent the patient from receiving good nutrition and fluids necessary to sustain life, in a patient who declines or does not receive artificial nutrition and hydration.

COMA (any etiology)

Comatose patients with **any three (3) of the following on Day 3** of coma:

- a) Abnormal **brain stem response**
- b) Absent **verbal response**
- c) Absent **withdrawal response to pain**
- d) **Serum creatinine > 1.5 mg/dl**

Documentation of the following factors **will support** (but are **not required**) eligibility for hospice care:

Medical Complications, in the context of progressive clinical decline, within the previous 12 months, which support a terminal prognosis:

- | | |
|--|--|
| a) <input type="checkbox"/> Aspiration pneumonia | d) <input type="checkbox"/> Fever recurrent <u>after</u> antibiotics |
| b) <input type="checkbox"/> Upper urinary tract infection (pyelonephritis) | e) <input type="checkbox"/> Sepsis |
| c) <input type="checkbox"/> Refractory stage 3-4 decubitus ulcers | |

Diagnostic imaging factors that support poor prognosis after stroke include:

A. For non-traumatic hemorrhagic stroke:

- 1) Large-volume hemorrhage on CT:
- a) Infratentorial: ≥ 20 ml
- b) Supratentorial: ≥ 50 ml
- 2) Ventricular extension of hemorrhage
- 3) Surface area of involvement of hemorrhage $\geq 30\%$ of cerebrum
- 4) Midline shift ≥ 1.5 cm.
- 5) Obstructive hydrocephalus in patient who declines, or is not a candidate for, ventriculoperitoneal shunt

B. For thrombotic/embolic stroke:

- 1) Large anterior infarcts with both cortical and subcortical involvement
- 2) Large bihemispheric infarcts
- 3) Basilar artery occlusion
- 4) Bilateral vertebral artery occlusion

Comorbidities: A diagnosis that is **not** the primary hospice diagnosis nor related to the primary hospice diagnosis, but the presence and severity of such disease is likely to contribute to a life expectancy of 6 months or less. Such diseases are **not** related to the hospice diagnosis and do **not** therefore imply financial responsibility under the hospice benefit.

- | | | |
|---|---|--|
| <input type="checkbox"/> Chronic obstructive pulmonary disease (COPD) | <input type="checkbox"/> Diabetes Mellitus | <input type="checkbox"/> Renal failure |
| <input type="checkbox"/> Congestive heart failure (CHF) | <input type="checkbox"/> Liver disease | <input type="checkbox"/> Neoplasia |
| <input type="checkbox"/> Neurological disease (ALS, MS, Parkinson's) | <input type="checkbox"/> Ischemic heart disease | <input type="checkbox"/> Dementia |
| <input type="checkbox"/> Acquired immune deficiency syndrome (AIDS) | | |

These determinants and indicators reflect the criteria sets established by the NHPCO Clinical Indicators (1996) and CAHABA (7/31/03) and are endorsed by Hospice of Marion County.

