

Medical Guidelines for Determining Appropriateness for Hospice

HIV DISEASE

Patient Name: _____ ID # _____ Date: _____

1. **Has patient had a trial of protease inhibitor, antiviral, retroviral therapy?** ___ Yes ___ No
If no, investigate further; Does patient know about this? ___ Yes ___ No
Will physician provide this? ___ Yes ___ No Comments: _____
If not a candidate for therapy noted in #1, proceed:

2. **CD4+ count**
___ ≥ 50 cells/mc/L: pt. probably has px of > 6 mo. unless there is a non-HIV-related co-existing life-threatening disease
___ ≤ 25 cells/mc/L:
___ measured during period when pt. is relatively free of acute illness
___ observed disease progression and decline in function status

3. **Viral load**
___ >100,000 copies/ml: pt. may have px of <6mo.
___ <100,000 copies/ml and meet following criteria:
___ pt. has elected to forego antiretroviral and prophylactic medication
___ functional status is declining
___ Karnofsky rating is ___
___ Palliative Performance Scale _____

4. **Life-threatening complications with (survival median):**
___ CNS lymphoma (2.5 mo.) ___ Untreated MAC bacteremia (<6 mo.)
___ PML (4 mo.) ___ Kaposi's refractory to tx (6 mo.)
___ Cryptosporidiosis (5 mo.) ___ Renal failure/refuses or fails dialysis (<6 mo.)
___ Wasting/loss of 10% lean body mass (<6mo.) ___ Toxoplasmosis unresponsive to therapy
___ Progressive multifocal leukoencephalopathy ___ Systemic lymphoma with advanced HIV disease and partial response to chemotherapy

5. **Factors which have been shown to decrease survival significantly.**
___ Chronic persistent diarrhea, 1 yr. regardless of etiology
___ Persistent serum albumin < 2.5 gm/dl
___ Concomitant substance abuse
___ Age >50 yrs.
___ CHF with sx at rest
___ Treatment refusal

RN Signature: _____ Date: _____