

## Medical Guidelines for Determining Appropriate for Hospice

### Amyotrophic Lateral Sclerosis (ALS)

Patient Name: \_\_\_\_\_ ID # \_\_\_\_\_ Date: \_\_\_\_\_

In determining prognosis for the ALS patient, examination by a neurologist within three months of assessment is advised. All patients must meet criteria #1 – rapid progression of ALS as well as either 2A-critically impaired ventilatory capacity, 2B-critical nutritional impairment, or 2C-life-threatening complications.

**1. Rapid progression of ALS.** Most of disability should have developed in past 12 months.

*Check examples which apply:*

- progression from independent ambulation to wheelchair or bed-bound
- progression from normal to barely intelligible or unintelligible speech
- progression from normal to blenderized diet
- progression from independence in all or most ADLs to requiring assistance in all ADLs

*Patients with slow progression may survive for longer periods, although clinical judgment may still indicate they may be within six months of death.*

**2. Critically impaired ventilatory capacity and 2 or more of the following**

- Vital capacity (VC) less than 40% of predicted
- Significant dyspnea at rest
- orthopnea
- use of accessory muscles
- respiratory rate >20
- paradoxical abdominal motion
- weakened cough
- Symptoms of sleep disordered breathing
- Frequent awakening
- Unexplained headaches
- Unexplained confusion
- unexplained anxiety
- unexplained nausea
- reduced speech/vocal volume
- Supplemental oxygen required at rest
- Intubation or tracheostomy and mechanical ventilation considered (Note: patients receiving ventilation assistance may survive longer than six months unless there is a life-threatening comorbid condition.)

**2b Critical nutritional impairment**

- Dysphasia with progressive weight loss of at least **5% of body weight** with or without election for gastrostomy tube insertion
- Artificial feeding not elected or discontinued
- Oral intake insufficient
- continued weight loss
- Dehydration or hypovolemia

**2c Life-threatening complications**

- recurrent aspiration pneumonia
- decubitus ulcers, multiple stage 3-4, particularly if infected
- Pyelonephritis
- sepsis
- fever recurrent after antibiotics

RN Signature: \_\_\_\_\_ Date: \_\_\_\_\_