

**One Presidential Blvd. Suite 125 Bala Cynwyd, PA 19004-9927**  
**(610) 617-2400 FAX (610) 617-2409**

Medical Guidelines for Determining Appropriateness for Hospice  
**Liver Disease**

Patient Name: \_\_\_\_\_ Diagnosis: \_\_\_\_\_ Date: \_\_\_\_\_

The following factors have been shown to correlate with poor short-term survival in advanced cirrhosis of the liver due to alcoholism, hepatitis, or uncertain causes (cryptogenic). Their effects are additive, i.e., prognosis worsens with the additional of each one and clinical judgement is vital. The following factors should be followed and reviewed over time.

**Indicate by checking:**

- 1. Patient is not a candidate for liver transplantation
- 2. Laboratory indicators of severely impaired liver function should show *both* of the following:
  - Prothrombin time prolonged more than 5 sec. Over control: date: \_\_\_\_\_
  - Serum albumin <2.5 gm.dl; date: \_\_\_\_\_
- 3. Clinical indicators of end-stage liver disease (patient should show at least one of the following):
  - Ascites
    - refractory to sodium restriction and diuretics: spironolactone 75-150 mg/day plus furosemide >40mg/day
    - patient does not take meds
  - Spontaneous bacterial peritonitis (median survival 30% at one year; high mortality even with infection cured initially if liver disease is severe or accompanied by renal disease).
  - Hepatorenal syndrome (usually occurs during hospitalization; survival generally days to weeks)
    - patient has cirrhosis and ascites
    - elevated creatinine and BUN
    - oliguria 400 ml/da
    - urine sodium concentration <10mEq/l
  - Hepatic encephalopathy,
    - refractory to protein restriction and lactulose or neomycin
    - patient non-compliant

Symptoms	Signs
<input type="checkbox"/> decreased awareness of environment	<input type="checkbox"/> flapping tremor of asterixis (in earlier stages)
<input type="checkbox"/> sleep disturbance	<input type="checkbox"/> stupor (late-stage)
<input type="checkbox"/> depression	<input type="checkbox"/> coma (late-stage)
<input type="checkbox"/> emotional lability	
<input type="checkbox"/> somnolence	
<input type="checkbox"/> slurred speech	
<input type="checkbox"/> obtundation	

Recurrent variceal bleeding: patient should have re-bled despite therapy which currently includes:

- injection sclerotherapy or band ligation, if available
- oral beta blockers
- transjugular intrahepatic portosystemic shunt (TIPS)
- patient refused further therapy

4. The following factors have been shown to worsen prognosis and should be documented if present:

- progressive malnutrition
- muscle wasting with reduced strength and endurance
- continued active alcoholism (>80 g ethanol per day)
- hepatocellular carcinoma
- HbsAg positively

**5. Karnofsky Performance Status Scale (check level assessed)**

- |  |     |   |
|--|-----|---|
| • Able to carry on normal activity to work; no special care needed   | 100 | Normal / no complaints; on evidence of disease                              |
|  | 90  | Able to carry on normal activity; minor s/s of disease                      |
|  | 80  | Normal activity with effort; some s/s of disease                            |
| • Unable to work; able to live at home and care for most personal needs; varying amounts of assistance needed        | 70  | Cares for self, unable to do active work or normal activity                 |
|  | 60  | Requires occasional assistance, but is able to care for most of needs       |
|  | 50  | Requires considerable assistance / frequent medical care                    |
| • Unable to care for self; requires equivalent of institutional or hospital care; disease may be progressing rapidly | 40  | Disabled; requires special care and assistance                              |
|  | 30  | Severely disabled; hospital admission indicated although death not imminent |
|  | 20  | Very sick; active support treatment necessary                               |
|  | 10  | Moribund, fatal processes progressing rapidly                               |
|  | 0   | Dead  |

Information supplied by: \_\_\_\_\_ on \_\_\_\_\_ Check One. Hospital \_\_\_ SNF \_\_\_ Physician Office \_\_\_ Other \_\_\_

Information recorded by: \_\_\_\_\_ Hospice RN on \_\_\_\_\_ Assessment completed by: \_\_\_\_\_ Hospice RN on \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Physician name printed: \_\_\_\_\_ Date: \_\_\_\_\_