

(610) 617-2400 • FAX (610) 617-2407

Medical Guidelines for Determining Appropriateness for Hospice

Pulmonary Disease

Patient Name: _____ **ID #** _____ **Date:** _____

Patient has severe lung disease. Yes No
 Evidenced by: (Check all that apply)

Symptoms	Signs
<input type="checkbox"/> disabling dyspnea at rest	<input type="checkbox"/> cyanosis: blue lips, finger tips
<input type="checkbox"/> dyspnea on exertion	<input type="checkbox"/> pulmonary hyperinflation: barrel-chested
<input type="checkbox"/> housebound, chair bound	<input type="checkbox"/> pursed-lip breathing
<input type="checkbox"/> oxygen-dependent	<input type="checkbox"/> accessory muscles of respiration
<input type="checkbox"/> copious/purulent sputum	<input type="checkbox"/> retractions: supraclavicular
<input type="checkbox"/> recurrent infections	<input type="checkbox"/> increased expiratory phase: slowed forced expiration
<input type="checkbox"/> severe cough	<input type="checkbox"/> wheezing
	<input type="checkbox"/> diminished breath sounds
	<input type="checkbox"/> depressed diaphragm

Check all that apply:

- poor response or unresponsive to bronchodilators
- decreased functional capacity(bed to chair existence ,fatigue ,cough)
- forced expiratory volume in one second (FEV1) after bronchodilator, less than 30% of predicted*
- increased visits to Emergency Department; number in past 6 months: _____
- increased hospitalizations for pulmonary infections/respiratory failure; number is past 6 months: _____
- decrease in FEV1 on serial testing of greater than 40 ml per year*
- Cor pulmonale secondary to pulmonary disease
- Unintentional weight loss of greater than 10% of body weight over the preceding 6 months
- presence of cor pulmonale or right heart failure due to lung disease evidenced by:

<input type="checkbox"/> Echocardiographic documentation	}	Information supplied by: _____
<input type="checkbox"/> EKG*		Of: _____ On: _____
<input type="checkbox"/> chest x-ray*		From: _____
<input type="checkbox"/> physical signs of RHF		
- hypoxemic at rest of supplemental oxygen

<input type="checkbox"/> pO ₂ ≤50mm Hg on supplemental O ₂	}	Information supplied by: _____
<input type="checkbox"/> O ₂ saturation <88% on supplemental O ₂		Of: _____ On: _____
		From: _____
- hypercapnia (pCO₂ ≥50mm HG)
- unintentional weight loss >10% of body weight in past six months
- resting tachycardia (heart rate ≥ 100 per minute)

**These tests are helpful evidence but should not be required if not readily available.*

RN Signature: _____ Date: _____