

Medical Guidelines for Determining Appropriateness for Hospice

Renal Disease

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

Absent other comorbid conditions, the patient should not be seeking dialysis or renal transplant or is discontinuing dialysis

1. Laboratory criteria for renal failure (both must be present)

- ___ creatinine clearance of <10cc/min (<15cc/min for diabetics), and
- ___ serum creatinine >8.0 mg/dl (>6.0 mg/dl for diabetics)
- ___ Estimated glomerular filtration rate <10ml/min

NOTE: Creatinine clearance may be estimated by using the following formula:

$$C_{\text{creat}} = \frac{(140 - \text{age in yrs.}) (\text{body wt. in kg})}{(72) (\text{serum creat in mg/dl})}$$

Multiply by 0.85 for women

2. Clinical signs and syndromes associated with renal failure (check all which are present):

- ___ uremia: clinical signs of renal failure:
 - ___ confusion, obtundation
 - ___ intractable nausea and vomiting
 - ___ generalized pruritis
 - ___ restlessness, "restless legs"
- ___ oliguria: urine output <400cc/24 hrs.
- ___ intractable hyperkalemia: persistent serum potassium >7.0 not responsive to medical management
- ___ uremic pericarditis
- ___ hepatorenal syndrome
- ___ intractable fluid overload

3. In hospitalized patients with ARF, these comorbid conditions predict early mortality (check all that apply for this patient):

- | | |
|---|------------------------------------|
| ___ mechanical ventilation | ___ malignancy—other organ systems |
| ___ chronic lung disease | ___ advanced cardiac disease |
| ___ advanced liver disease | ___ sepsis |
| ___ immunosuppression/AIDS | ___ albumen <3.5gm/dl |
| ___ cachexia | ___ platelet count <25,000 |
| ___ age >75 | ___ gastrointestinal bleeding |
| ___ disseminated intravascular coagulation and or GI bleeding | |

RN Signature: _____ **Date:** _____