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Medical Guidelines for Determining Appropriateness for Hospice

Renal Disease

Patient Name: _____ Diagnosis: _____ Date: _____

Absent other comorbid conditions, the patient should not be seeking dialysis or renal transplant. Patients who do refuse dialysis or transplant are generally appropriate for Hospice services if they fit dialysis criteria. (ARF = Acute Renal Failure)

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)

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):

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

4. Karnofsky Performance Status Scale (check level assessed)

- | | | |
|--|-----|---|
| <ul style="list-style-type: none"> • 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 |
| <ul style="list-style-type: none"> • 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 |
| <ul style="list-style-type: none"> • 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 ECF Physician Office Other

Information recorded by: _____ Hospice RN on _____ Assessment completed by: _____ Hospice RN on _____

Physician Signature: _____ Physician name printed: _____

Date: _____