Why Hospice Benefits Your Patients:

Top Reasons to Refer:

- Patients who receive hospice care live longer than anticipated and is more cost effective for the patient.
- Using the hospice insurance benefit can save the patient an average of $2300.
- Caregivers of hospice patients live longer.
- Hospice can transform a stressful, challenging situation into one of acceptance, peace and comfort.
- Gives patients the opportunity to set goals, accomplish final wishes, repair and strengthen relationships.
- Hospice is not “giving up” – it is changing tactics to provide optimal aggressive care for patients while maximizing comfort.
- Patients benefit from a continued relationship with their primary care physician as well as a specially trained hospice care team.
- Full time, actively involved physician coverage.

Not sure if hospice is right for your patient? Let us help.

Central and Southside Virginia
Hospice service areas by county

Serving:
Amherst
Appomattox
Bedford
Buckingham
Campbell
Charlottesville
Farmville
Lunenburg
Lynchburg
Prince Edward
*Portions of:
Amelia
Botetourt
Franklin
Halifax
Lunenburg
Pittsylvania
Roanoke

Patricia Pletke, M.D.,
Medical Director
Brenda Stokes, M.D.
Rebecca Young, M.D.
Linda Beahm, M.D.

We can help determine eligibility; call for a consultation.
Bedford: 540.587.6592 / Fax 540.586.0468
Lynchburg: 434.200.3204 / Fax 434.847.4910
Farmville: 434.315.2885 / Fax 434.315.2889
CentraHealth.com/hospice

Quick Referral Guide
for Hospice Consideration
Cancer
- Metastatic or progressive disease
- Unresponsive to or declined treatment
Note: Certain cancers with poor prognoses (e.g., small cell lung cancer, brain cancer and pancreatic cancer) may be hospice eligible without fulfilling the other criteria in this section.

Lung Disease
- Disabling dyspnea
- Increase in visits or hospitalizations for infection or respiratory failure
- Hypoxemia on RA (sats < 88% or pO2=55) OR hypercapnia (pCO2=50)
Supporting Documentation:
- Right heart failure (RHF) secondary to pulmonary disease (Cor pulmonale) (e.g., not secondary to left heart disease or valvulopathy)
- Unintentional progressive weight loss of greater than 10% of body weight over the preceding six months
- Resting tachycardia >100/min

Cardiovascular Disease
- Symptomatic despite optimal medical management, chest pain or SOB with rest or minimal activity
- Classified as New York Heart Association (NYHA) Class IV
Supporting Documentation:
- Ejection fraction of <20%
- Treatment resistant symptomatic supraventricular or ventricular arrhythmias
- History of cardiac arrest or resuscitation
- History of unexplained syncope
- Brain embolism of cardiac origin
- Concomitant HIV disease

Dementia
- Unable to ambulate, bathe or dress without assistance
- Urinary and fecal incontinence, intermittent or constant
- No consistent meaningful verbal communication
Note: This section is specific for Alzheimer’s Disease and related disorders, and is not appropriate for other types of dementia, such as multi-infect dementia.

Cerebrovascular Disease - Stroke
- Palliative Performance Scale (PPS) of 40% or less, if in question contact hospice
- Weight loss >10% in the last 6 months or >7.5% in the last 3 months or serum albumin <2.5 gm/dl
- Current history of pulmonary aspiration not responsive to speech language pathology intervention
- Dysphagia severe enough to prevent the patient from receiving food and fluids necessary to sustain life

Coma
Three of the following on day 3 of coma:
- Abnormal brain stem response
- Absent verbal response
- Absent withdrawal response to pain
- Serum creatinine >1.5 mg/dl.

Liver Disease
- INR >1.5 and albumin <2.5
- Ascites, SBP, hepatorenal syndrome, encephalopathy, or recurrent variceal bleeding
Supporting Documentation:
- Progressive malnutrition
- Muscle wasting with reduced strength and endurance

Renal Failure
- Not pursuing or discontinuing dialysis
- Creatinine clearance <10 (<15 for diabetics) OR Serum creatinine >8.0 (>6.0 for diabetics)

HIV
- Untreated, or persistent despite treatment, wasting (loss of at least 10% lean body mass), multifocal leukoencephalopathy, Visceral Kaposi’s sarcoma, Toxoplasmosis, unresponsive to therapy
- PPS Score of <50%

ALS
- Compromised breathing and swallowing

General Decline
- Decreasing weight loss not due to reversible causes such as depression or use of diuretics
- Recurrent infections or intractable infections such as pneumonia, sepsis or upper urinary tract
- Decreasing serum albumin or cholesterol
- Dysphagia leading to recurrent aspiration and/or inadequate oral intake
- Dyspnea with increasing respiratory rate
- Decline in systolic blood pressure to below 90 or progressive postural hypotension
- Edema
- Change in level of consciousness
- Increasing ED visits, hospitalizations or physician visits
- Requires assistance for two or more ADLs

Comorbidities
- Chronic obstructive pulmonary disease
- Congestive heart failure
- Ischemic heart disease
- Diabetes mellitus
- Neurologic disease
- Renal failure
- Liver disease
- Neoplasia
- Acquired immune deficiency syndrome
- Dementia