

### **Holy Rosary Healthcare Palliative Care Service (PCS)**

Our purpose is to assist the primary care physician in supplementing and facilitating the treatment plan.

#### **When to call PCS:**

- Team/patient/family needs help with complex decision-making and determination of goals of care
- Multiple hospital admissions or ED visits
- In ICU or acute with documented poor diagnosis
- Difficult symptom management in patients with a life-limiting illness
- Conflict among patient and family regarding illness management or treatment course
- Patient/family struggling with end of life care decision-making
- Patients in community with complicated chronic illness
- Patients with questions or who need assistance with financial and community resources

**The PCS team is available  
Monday through Friday 8 a.m. to 5 p.m.**



## *Is it time for* **PALLIATIVE or HOSPICE CARE?**

*This information will guide you  
in determining if your patient is ready  
for Palliative or Hospice Care.*

Call 406-233-3810 if you have any  
questions or to make a referral.



2600 Wilson Street | Miles City, MT 59301  
406-233-3810  
[www.holyrosaryhealthcare.org](http://www.holyrosaryhealthcare.org)



A patient may qualify for Hospice Care even if they don't meet one of the disease-specific criteria listed.

### Basic Questions:

1. Does the patient have a terminal illness?
2. Would you be surprised if the patient died within six months or less?

### Clues to a six-month or less life expectancy — one or more of the following:

1. Progressive loss of function and independence in ADL's
2. Multiple hospitalizations or ER visits in the past 6-12 months
3. One or more life-threatening infections in the past six months
4. Decreased food intake or aspiration with swallowing
5. Unexplained weight loss
6. Malnutrition or recurrent dehydration
7. Poor quality of life as assessed by the patient or family
8. Desire to stop life-prolonging treatments
9. Significant co-morbid conditions and/or evidence of rapid decline

### Disease-Specific Criteria

#### Heart Disease:

*1 and 2 must be present; 3 and 4 lend support*

1. Cardiac symptoms (dyspnea or angina) at rest or with minimal activity in spite of optimal treatment (or not a candidate for optimal treatment); patient not a candidate or refuses bypass
2. CHF at rest (ejection fraction < 20% if available)
3. Recurrent arrhythmias, syncope, history of cardiac arrest or CPR, brain embolism of cardiac origin, HIV
4. Class IV New York Heart Association Functional Classification

#### Pulmonary Disease:

*1 and 2 must be present; 3, 4 and 5 lend support*

1. Dyspnea at rest, poor response to treatment, increased hospital or ER visits for infections or respiratory failure
2. Decreased PO<sub>2</sub> at rest on room air (PO<sub>2</sub> sat < 55%), or O<sub>2</sub> sat < 88% on O<sub>2</sub>, or PCO<sub>2</sub> > 50mmHg in last six months
3. Weight loss > 10% over last six months, resting tachycardia > 100
4. Right heart failure secondary to pulmonary disease
5. Unacceptable quality of life for the patient or no desire for life-prolonging treatment such as ventilation

#### Dementia:

*All of the following lends support:*

1. Limited speech ability, inability to ambulate, sit up, smile or hold head up (FAST staging level 7)
2. Dependant in ADL's (ambulate, dress, bathe)
3. Urinary and fecal incontinence, intermittent or constant
4. No consistently meaningful verbalization, plus at least one of the following in the last 12 months: aspiration pneumonia, pyelonephritis or UTI, septicemia, stage 3-4 decubitus ulcers, recurrent fever after antibiotics, insufficient oral intake with > 10% weight loss during the last six months

#### Renal Disease:

*Acute and Chronic: 1 and 2 must be present; 3 lends support*

1. Serum creatinine > 8 (> 6 if diabetic) or creatinine clearance < 10 cc/min (< 15 cc/min if diabetic)
2. Refusing or stopping dialysis
3. Co-morbid conditions: sepsis, AIDS, cachexia, GI bleed, chronic lung disease, advanced cardiac disease, uremia, advanced liver disease

#### Cancer Diagnoses:

*All of the following:*

1. Confirmed diagnosis
2. Patient no longer receiving curative therapies
3. Known metastases
4. Declining function and evidence of disease progression

#### Liver Disease:

*1 and 2 must be present; 3 lends support*

1. INR > 1.5 and Serum albumin < 2.5; PT > 5 seconds
2. At least one of the following: refractory ascites, hepatic encephalopathy, recurrent variceal bleeding, spontaneous bacterial peritonitis, hepatorenal syndrome

3. Progressive malnutrition, muscle wasting, continued alcoholism, liver cancer, Hepatitis B and/or C

#### HIV:

*1 and 2 must be present; 3 lends support*

1. CD4 < 25 cells/ml or persistent viral load > 100,000copies/ml PLUS one of the following: CNS lymphoma, persistent wasting, mycobacterium avium bacteremia, leukoencephalopathy, systemic lymphoma, unresponsive Kaposi sarcoma, renal failure, cryoprecipitum or toxoplasmosis
2. Poor functional performance (Karnofsky scale < 50%)
3. Diarrhea for one year, absence or failure of treatment, CHF at rest, AIDS dementia, substance abuse, age > 50

#### Failure to Thrive/Decline in Health:

*All of the following lends support:*

1. Weight loss not due to reversible causes; loss of > 10% body weight in less than six months
2. Dependant in two or more ADL's (feeding, ambulation, continence, bathing, dressing, transfer)
3. Dysphagia leading to poor oral intake or recurrent aspiration
4. Progressive hypotension, increasing hospitalizations or ER visits, progressive stage 3-4 decubitus ulcers
5. BMI must be < 23%

#### Acute Stroke:

*Diagnostic imaging showing large CVA, extension of hemorrhage, and/or midline shift > 1.5 cm and/or artery occlusion. 1, 2 or 3 must be present*

1. Coma > 3 days
2. Severe obtundation with myoclonus > 3 days
3. Dysphagia with insufficient oral intake with no desire for artificial food or fluids

#### Amiotrophic Lateral Sclerosis (ALS):

*1, 2 or 3 must be present*

1. Dyspnea at rest, O<sub>2</sub> at rest, refuses ventilation, Vital breathing capacity < 30% normal
2. Rapid disease progression and critical nutrition impairment
3. Rapid disease progression plus one of the following within the last 12 months: recurrent aspiration pneumonia, URI, pyelonephritis, sepsis, recurrent fever after antibiotics, stage 3-4 decubitus ulcers