

Physician: _____

Patient: _____

DOB: _____ SS#: _____

Insurance Provider/Number: _____

Contact Information (Name, Number): _____

General Admission Criteria

- Frequent or recurrent infections
- Shortness of breath
- Serum Albumin < 2.5 gm/dl
- Requires assistance w/ ADLs
- Dependence in at least 3 ADLs
- Non-healing and/or multiple decubitus ulcers
- Unintentional weight loss of $\geq 10\%$ in past 6 months
- Repeated hospitalizations/visits to ED
- Sawtooth trajectory of decline over past three months
- Weakness and fatigue
- Changes in mental status
- Decline in ambulatory ability

Alzheimer's Disease

- Loss of speech, locomotion, and consciousness
- Loss of meaningful communication
- Non-ambulatory
- Unable to sit up independently, smile, or hold head up
- Inability/unwillingness to take food/fluids
- Experienced at least one infection in past 12 months:
 - Aspiration pneumonia
 - Septicemia
 - Recurrent infections after antibiotics
 - Upper UTI
 - Decubitus Ulcers
- Secondary/Comorbid Conditions: _____

ALS (Amyotrophic Lateral Sclerosis)

- Rapid progression of ALS
- Critically impaired ventilatory capacity
 - Vital capacity < 30% of normal
 - Supplemental oxygen at rest
 - Significant dyspnea @ rest
- Critical nutritional impairment
 - Has feeding tube
 - Oral intake insufficient
 - Continued weight loss
 - Dehydration or hypovolemia
- Upper UTI
- Sepsis
- Recurrent aspiration pneumonia
- Decubitus ulcers, multiple, stage 3-4

Cancer

- Metastatic, recurrent, advanced, progressive
- Inoperable or Stage IV
- Patient has chosen palliative treatment

Heart Disease

- Poor response to diuretics, vasodilators, & ACE inhibitors
- Dyspnea @ rest
- Syncope, weakness, chest pain and/or jugulovenous distension (JVD)
- Ejection fraction: _____
- Chest pain at rest

Liver Disease

- PT ≥ 5 seconds/INR ≥ 1.5
- Serum Albumin < 2.5 gm/dl
- Experiencing one of the following:
 - Ascites, refractory
 - Recurrent variceal bleeding
 - Hepatocellular carcinoma
 - Hepatitis C refractory to interferon treatment
 - Spontaneous bacterial peritonitis
 - Hepatorenal syndrome (elevated creatinine & BUN with oliguria (<400ml/day) and urine sodium concentration <10mEq/l)
 - Hepatic encephalopathy
 - Progressive malnutrition
 - Hepatitis B positive

Neurological Disease

- Dependence in all ADLs
- Significant dyspnea @ rest
- Impaired nutritional status
- Recurrent infections (pneumonia, sepsis, UTIs)
- Wheelchair or bed-bound

Pulmonary Disease

- Pulse oximetry of $\leq 88\%$ on room air
- pO2 ≤ 55 on room air
- Increased assistance with ADLs
- Resting tachycardia
- Frequent/increased visits to physician or ED, or hospitalizations for respiratory infections

Renal Disease

- Creatinine clearance of <10cc/min (<15cc/min for diabetics)
- Serum creatinine > 8.0mg/dl (> 6.0mg/dl for diabetics)
- Patient not seeking dialysis
- Stage: _____
- Secondary/comorbid conditions: _____

Stroke

- Impaired nutritional status
- Weight loss > 10% in past 6 months OR weight loss of 7.5% in 3 months
- Serum albumin < 2.5 gm/dl
- Requires assistance for ADLs (PPS $\leq 40\%$)
- Recurrent infections (UTIs, sepsis, pneumonia)
- Comatose patient with any 3 of the following on day 3 of coma:
 - Abnormal brain stem response
 - Absent verbal response
 - Serum creatinine > 1.5 mg/dl
 - Absent withdrawal response to pain

Physician's Order to Evaluate for Hospice and Admit if Eligible

Physician Signature

Date

Complete identifying information, check all that apply, sign and fax to 336-427-0744. Call HRC at 336-427-9022 with any questions.