



Hospice Brazos Valley

Office: 979.821.2266 | Bryan | Brenham | La Grange

HOSPICE REFERRAL

Fax this form, H&P, and recent hospitalization to: 979-822-0169

Patient Name _____ DOB _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Email _____

Hospice Diagnosis _____

Contact/ Primary Caregiver _____ Phone _____

Physician Order

- Hospice Evaluation/ Admit if Appropriate
- Referring physician will **turn over** care to the Hospice Brazos Valley Medical Director as attending physician.
 - Would like to be notified of patient's passing.
- Referring physician will **continue** as the attending physician for this patient while on Hospice Brazos Valley and wish to write all orders for care. **OR**
- Referring physician will **continue** as the attending physician for this patient while on Hospice Brazos Valley and have Hospice Brazos Valley Medical Director manage signs and symptoms.

Physician Name _____

Physician Signature _____ Date _____

Verbal Order Received by _____ Date _____

GUIDELINES FOR ADMISSION

Patient may exhibit one or more of the following disease specific indicators. More specific indicators may be required before hospice approval.

General Declines

- Recent infections
- Functional decline
- Physical decline
- Weight loss of > 10lbs/ 6m
- Serum Albumin < 2.5
- Dependent of all ADL's
- Frequent hospitalizations

Heart Disease/CHF

- Poor response to diuretics
- NYHA class IV
- Functional decline
- EF < 20%
- Arrhythmias resistant to treatment
- Discomfort with activity

Alzheimer's/ Dementia

- FAST 7 or above
- Significant functional decline

And supporting conditions

- Aspiration pneumonia
- UTI's
- Sepsis
- Decubitus ulcers
- 10% weight loss in 6m
- Serum albumin <2.5

Renal Disease

- Not seeking dialysis
- Creatinine clearance < 10cc/min
- Uremia
- Oliguria
- Hyperkalemia >7 mEq/L

Cancer

- Clinical findings of metastatic disease and/or weight loss symptoms, worsening lab values

Stroke

- Rapid drop in LOC
- Dysphagia
- PPS ≤ 40%
- Poor nutritional status

Liver Disease

- Synthetic failure with:
 - PTT > 5 sec OR
 - INR > 1.5 gm/dl, AND
 - Serum albumin <2.5gm/dl
- End Stage Liver Disease with 1 or more:
 - Ascites refractory to Tx or refuses treatment
 - Hx of spontaneous bacterial peritonitis
 - Hepatorenal Syndrome
 - Hepatic encephalopathy refractory to Tx
 - Hx of variceal bleeding
 Documentation may also show: Malnutrition, Muscle wasting, active alcoholism, Hep B/C

Pulmonary Disease

- Disabling dyspnea at rest
- Poor response to bronchodilators and decreased functional capacity
- Hospitalizations d/t pulmonary infection
- Hypoxia and hypercapnia
- Cor Pulmonale/right heart failure

ALS/MS/ Parkinson's

- Critically impaired breathing capacity
- Rapid disease progression from independent to WC/bedbound. Normal speech to unintelligible. Change in diet. Independent of all ADL's to full assist.
- Critical nutrition impairment
- Complications including: Aspiration Pneumonia, Sepsis, Pyelonephritis, pressure ulcers

** A patient is considered hospice appropriate if the physician estimates a life expectancy of less than 6 months. **