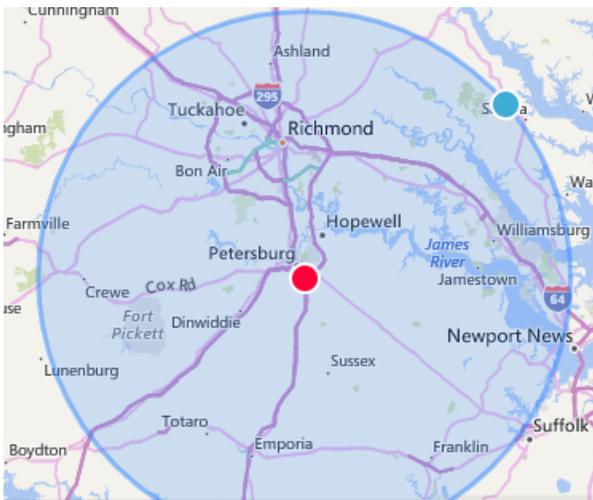


**Phone: 804-526-4300**  
**Fax: 804-526-4337**  
**Website: [www.cratercommunityhospice.org](http://www.cratercommunityhospice.org)**  
**3916 S. Crater Road**  
**Petersburg, VA 23805**

## Services and Programs

- Pain and Symptom Management
- Skilled Nursing Visits
- Home Health Aide Services
- On-call Nursing (24/7)
- Spiritual Care and Pastoral Counseling
- Medication and Medical Supplies
- Patient and Family Support Groups
- Assistance with complex reimbursement issues
- Medical Director
- Social Services
- Volunteer Support/Vigil Sitting/Respite
- Bereavement Services/Families/Staff
- Thrift Store

**Serving the residents and families of all the counties & cities in the shaded area**



We serve a 50-mile radius from our office

**For Fast phone referrals, please have this patient information available:**

- |                       |  |
|-----------------------|--|
| * Name                | * Medications                            |
| * Address, Apt. No.   | * Insurance Information                  |
| * Telephone Number    | * Admission/Discharge Dates              |
| * Date of Birth       | * Physician's Name and Phone             |
| * Social Security No. | * Plan of Care                           |
| * Diagnosis           | * Primary Caregiver and Telephone number |

## Symptoms for Hospice Assessment

- |                               |                                    |
|-------------------------------|------------------------------------|
| * Difficulty Swallowing       | * Increased edema                  |
| * Increased pain              | * Chest congestion                 |
| * Vomiting/nausea             | * Changes in mental status         |
| * Increases agitation         | * New onset ascites                |
| * Decline in ADL's            | * Orthostatic hypotension          |
| * Recurrent aspiration        | * Increased ER/hospital visits     |
| * Shortness of breath         | * Change in continence             |
| * Decline in vital signs      | * Increased patient/family anxiety |
| * Progressive pressure ulcers | * Lack of appetite                 |
| * Weight Loss                 | * Orthopnea                        |

## Care for Diverse Diagnoses

(Including but not limited to...)

- |                   |                           |
|-------------------|---------------------------|
| * Cancer          | * Alzheimer's             |
| * Cardiac Disease | * Disease/dementia        |
| * Renal Disease   | * ALS, muscular dystrophy |
| * AIDS            | * Stroke                  |
|                   | * COPD                    |
- \* *Medicare/Medicaid Certified*  
 \* *501 (c)3 Nonprofit Organization*

## Hospice Eligibility Triggers/Guidelines

If a patient's condition appears to meet these guidelines, a hospice consultation is suggested.

### General Decline

- Increased dependence in at least 3 ADLs; Bathing, eating, dressing, walking, toileting
- Multiple commodities (COPD, CHF, Ischemic heart disease, Diabetes, Neurological disease, Renal failure, Dementia)
- Unintentional weight loss
- Increasing need for medical care: ER visits, hospitalization, MD visits, transfers

### CVA

Six-month prognosis is indicated in acute stroke by the presence of any one of these findings:

- Coma or persistent vegetative state beyond three days duration after stroke
- Dysphasia severe enough to prevent adequate nutrition where artificial nutrition is inappropriate
- Severe obtundation with severe myoclonus, persistent beyond three days of stroke

### End Stage Lung Disease

Presence of at least one characteristic of each category:

Disabling dyspnea, refractory to treatment

- Dyspnea at rest
- Dyspnea limiting a patient to a bed or chair existence
- Blood gas values consistent with end-stage disease
- PO<sub>2</sub><55 mm Hg on supplemental oxygen
- O<sub>2</sub> saturation<88% pm supplemental O<sub>2</sub>
- PCO<sub>2</sub>>50 mm Hg
- Presence of right heart failure
- Physical findings of right-sided failure
- Echocardiographic documentation
- Cor pulmonale on EKG

### Dementia

The presence of three of the following characteristics:

- Inability to walk without assistance
- Inability to dress without assistance
- Inability to bathe without assistance
- Occasional or more frequent incontinence of urine and stool
- Inability to speak or communicate meaningfully, uses stereotypical phrases only or is limited to six or fewer intelligible words

One of the following or some other significant condition within a year:

- Infection including septicemia, pneumonia or UTI
- Fever recurrent after antibiotics
- Decubitus ulcers stage 3-4
- Malnutrition with 10% weight loss during the past six months or serum albumen<2.5 gm/dl

### End Stage Renal Disease

A prognosis of less than six months is indicated by the presence of both of these characteristics in a patient not seeking a transplant or ongoing dialysis:

- Creatinine clearance of less than 10 ml/min (15ml/min in diabetes)
- Serum creatinine of greater than 8 mg/dl (6 mg/dl) in diabetes

### Liver Disease

- The presence of both prothrombin time >5 seconds over control and serum albumen <2.5 gm/dl
- The presence of at least one of the following:
  - Refractory ascites
  - Spontaneous bacterial peritonitis
  - Hepatorenal syndrome
  - Refractory hepatic encephalopathy
  - Recurrent variceal bleeding despite therapy
  - May be on waiting list for transplant, patient will be discharged if donor is found.

### End-Stage Heart Disease

- Dyspnea or angina at rest, worsening despite maximal medical management
- Resistant arrhythmias, cardiac arrest history, active HIV, angina at rest, history of MI, known ejection fraction <20% support this prognosis but need to be present

### Amyotrophic Lateral Sclerosis

- Presence of at least one characteristic from each category:
  - Progression of illness within the past twelve months preceding initial hospice certification chosen by:
  - Change from independence to dependence in most ADLs
  - Change from independent ambulation to wheelchair or bed bound
  - Change from normal to pureed diet
- Disease exacerbated by any one of the following findings within twelve months:
  - Pulmonary vital capacity <30% expected
  - Dyspnea at rest
  - Requires oxygen at rest
  - Weight loss
  - Evidence of hypovolemia
  - Recurrent aspiration pneumonia
  - Pyelonephritis
  - Sepsis
  - Fever recurrent after antibiotics
  - Multiple stage 3-4 decubitus ulcers

Effects of artificial feeding or assisted ventilation may compromise prognostic indicators, but this should be considered in the clinical context.