

## DID YOU KNOW:

- A patient can remain a full code and still be in hospice.
- Hospice can accommodate IV pain infusion.
- Patients/family members can self-refer.
- A physician's order will be needed for admission.
- A Mount Carmel Hospice RN is in the hospital every weekday to help a patient/family through the Hospice discussion, referral and discharge.

## WHAT THE HOSPICE RN WILL DO:

- Educate patient/family about the services hospice will provide.
- Collaborate with physicians at the time of discharge about prescriptions, orders and patient needs.
- Arrange infusion services, if needed.
- Assess equipment needs and facilitate its delivery.
- Develop a home care plan with interdisciplinary team input.

**Management of care is our strength.  
We can assist in a solid transition from the  
hospital to the patient's community setting.**



MOUNT CARMEL  
Hospice and  
Palliative Care

**For information on our program  
or to make a hospice referral,  
please call 614-234-0200.**



## WHEN TO MAKE A HOSPICE REFERRAL

Often both physicians and patients seek hospice care only when death is imminent. When referred earlier in the progression of the disease, both patients and families benefit. This early contact gives them more time to process their end-of-life options and to receive support from the hospice team.



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## GENERAL ADMISSION GUIDELINES

- The patient has a life-limiting illness (advanced disease without effective curative therapies) along with one or more of the following:
  - ✓ Decline in function
  - ✓ Unintentional weight loss
  - ✓ Difficulty controlling physical or psychological symptoms
  - ✓ Complex long-term care needs
- Multiple hospital or ER admissions within the past few months
- The patient's death within a year would not be a surprise

## DISEASE-SPECIFIC ADMISSION GUIDELINES

The patient may be eligible if their disease has advanced according to any of the following descriptors:

- **CHF** (*with at least one of the following*)
  - ✓ Persistent edema despite optimal CHF therapy
  - ✓ Disabling dyspnea at rest

- **COPD** (*with at least one of the following*)
  - ✓ O2 dependence
  - ✓ Recurrent infections
  - ✓ Disabling dyspnea at rest
  - ✓ Poor response to bronchodilators
- **Cancer** (*with at least one of the following*)
  - ✓ Widespread malignancy with failure to respond to treatment
  - ✓ Treatment refusal
- **Chronic Liver Disease** (*with at least one of the following*)
  - ✓ Jaundice, ascites or markedly abnormal liver enzymes
  - ✓ Bleeding disorder and elevated PT (not on anticoagulant therapy)
- **Chronic Renal Disease** (*with at least one of the following*)
  - ✓ Late Stage IV
  - ✓ Markedly elevated BUN and Creatinine
  - ✓ Patient declining or stopping dialysis
- **Dementia, Alzheimer's or Stroke** (*with at least one of the following*)
  - ✓ Dependent in all ADLs
  - ✓ Bed-bound
  - ✓ Garbled speech
  - ✓ Weight loss

## LEVELS OF HOSPICE CARE

Hospice is not a place. It's a type of specialized care that supports patients and families who are dealing with a life-limiting illness. There are four levels of hospice care:

1. **Routine Care:** Most patients are seen in their home, regardless of the setting, including nursing homes and assisted-living facilities.
2. **Respite:** Many hospice patients are eligible for five days of respite care at one of our contracted nursing homes. Respite can be used if the caregiver needs a rest, has his/her own health issues or has to travel.
3. **Continuous Care:** A Special Response Team can provide in-home, around-the-clock nursing care for a limited time period. This team is activated for acute symptom management when inpatient care is not appropriate.
4. **In-Patient Care:** Patients with symptoms that are not well managed at home can be admitted to Palliative Care Units at Mount Carmel East, Mount Carmel West or Mount Carmel St. Ann's for a limited period of time. When symptoms are managed, they return home.