The following criteria will support a prognosis of six months or less if the terminal illness runs its normal course for patients with **Stroke & Coma** on initial certification.

**Non-disease specific baseline guidelines: (both 1 and 2 should be met)**
1) **Physiologic impairment of function status.** See Disease Specific Guideline #1 for Stroke below.
2) **Dependence** on assistance for 2 or more activities of daily living (ADLs):
   - ☐ Feeding
   - ☐ Ambulation
   - ☐ Continence
   - ☐ Transfer
   - ☐ Bathing
   - ☐ Dressing
   **PLUS**

**Disease Specific Guidelines:**

**STROKE**
1) Karnofsky Performance Status (KPS) or Palliative Performance Scale (PPS), of ≤ 40%
2) Inability to maintain hydration and caloric intake with one (1) of the following:
   a) ☐ Weight loss >10% in the last 6 months
   o or
   b) ☐ Weight loss >7.5% in the last 3 months
   - ☐ Serum albumin <2.5 gm/dl
   c) ☐ Current history of pulmonary aspiration not responsive to speech language pathology intervention
   d) ☐ Sequential calorie counts documenting inadequate caloric/fluid intake
   e) ☐ Dysphagia severe enough to prevent the patient from receiving good nutrition and fluids necessary to sustain life, in a patient who decline(s) or does not receive artificial nutrition and hydration.

**COMA** (any etiology)
Comatose patients with any three (3) of the following on Day 3 of coma:
   a) ☐ Abnormal brain stem response
   b) ☐ Absent verbal response
   c) ☐ Absent withdrawal response to pain
   d) ☐ Serum creatinine > 1.5 mg/dl

Documentation of the following factors will support (but are not required) eligibility for hospice care:

**Medical Complications, in the context of progressive clinical decline, within the previous 12 months, which support a terminal prognosis:**
   a) ☐ Aspiration pneumonia
   b) ☐ Upper urinary tract infection (pyelonephritis)
   c) ☐ Sepsis
   d) ☐ Fever recurrent after antibiotics
   e) ☐ Refractory stage 3-4 decubitus ulcers

**Diagnostic imaging factors that support poor prognosis after stroke include:**
   A. For non-traumatic hemorrhagic stroke:
      1) Large-volume hemorrhage on CT:
         a) ☐ Infratentorial: ≥ 20ml
         b) ☐ Supratentorial: ≥ 50 ml
      2) ☐ Ventricular extension of hemorrhage
      3) ☐ Surface area of involvement of hemorrhage ≥ 30% of cerebrum
      4) ☐ Midline shift ≥ 1.5 cm.
      5) ☐ Obstructive hydrocephalus in patient who declines, or is not a candidate for, ventriculoperitoneal shunt
   B. For thrombotic/embolic stroke:
      1) ☐ Large anterior infarcts with both cortical and subcortical involvement
      2) ☐ Large bihemispheric infarcts
      3) ☐ Basilar artery occlusion
      4) ☐ Bilateral vertebral artery occlusion

**Comorbidities:** A diagnosis that is not the primary hospice diagnosis nor related to the primary hospice diagnosis, but the presence and severity of such disease is likely to contribute to a life expectancy of 6 months or less. Such diseases are not related to the hospice diagnosis and do not therefore imply financial responsibility under the hospice benefit.
   - ☐ Chronic obstructive pulmonary disease (COPD)
   - ☐ Diabetes Mellitus
   - ☐ Renal failure
   - ☐ Congestive heart failure (CHF)
   - ☐ Liver disease
   - ☐ Neoplasia
   - ☐ Neurological disease (ALS, MS, Parkinson’s)
   - ☐ Ischemic heart disease
   - ☐ Dementia
   - ☐ Acquired immune deficiency syndrome (AIDS)

These determinants and indicators reflect the criteria sets established by the NHPCO Clinical Indicators (1996) and CAHABA (7/31/03) and are endorsed by Hospice of Marion County.