

# Physicians

**PHAX**

September 2006

## Our Services

*Comprehensive End-of-Life Care*

*Full Family Support*

*Ongoing Grief and Education Services*

## Our Strengths

*Incomparable Experience*

*Extraordinary Compassion*

*Unwavering Commitment*

## Our Distinction

*Community Based*

*Community Focused*

*Community Supported*

## Special Interventions

Interventions in HospiceCare patients are often controversial and confusing. When a patient elects the Medicare Hospice Benefit, the patient, the doctor and the hospice team develop a Plan of Care (POC) that lists a) the patient's goals for care and b) the services needed to achieve these goals. A hospice program is fiscally responsible for all services outlined in the POC that relate to the patient's terminal diagnosis either directly, or through contracts with approved providers (e.g., contract with local hospital for radiotherapy).

Often times it is the individual hospice agency's burden to determine whether or not they can financially and philosophically provide the interventions listed below. These interventions range from low cost-low tech (hydration via clysis) to high cost-high tech (multi-agent chemotherapy). Most agencies will not provide high-cost interventions; patients may elect to be discharged from hospice care if they wish to pursue these options.

- 1) **Parenteral Fluids Indication:** symptomatic dehydration where there is a patient-defined goal (e.g. upcoming family event). Fluids are not indicated to treat dry mouth or solely to reverse dehydration occurring as a normal aspect of the dying process; fluids may be of benefit to treat delirium in selected patients.
- 2) **Enteral feeding Indication:** patient is hungry and there is a reason oral nutrition can't be given (e.g., GI obstruction from esophageal cancer)
- 3) **Radiation Therapy Indication:** symptom of pain, bleeding or neurologic catastrophe (e.g., acute spinal cord compression) and the patient is expected to live long enough to experience benefit (> 4 weeks) and the potential benefits outweigh logistic burdens (e.g. travel to the XRT site, getting on and off the treatment table).
- 4) **Red Blood Cell Transfusions or Erythropoietin Indication:** Symptomatic anemia (dyspnea or fatigue) in ambulatory patients who demonstrate continued functional benefit.
- 5) **Platelet Transfusions Indication:** active bleeding and severe thrombocytopenia (Plt Count < 10K). Note: medication options are also available, see Future Fast.
- 6) **Chemotherapy Indication:** symptoms from the cancer causing distress and likelihood of effectiveness is high (expected Response Rate greater than 25%) and patient will live long enough to benefit (> 4-8 weeks) and benefit outweighs burden and the patient is ambulatory (ECOG 0-1).
- 7) **Antibiotics Indication:** Oral antibiotics are appropriate to treat simple symptomatic infections (e.g., UTI). Parenteral antibiotics are not indicated unless there is an identified susceptible organism, and there is a clear functional goal to be met and the likelihood of successful treatment is high and the patient is expected to live long enough to achieve benefit.
- 8) **Total Parenteral Nutrition Indication:** TPN is appropriate in hospice when caring for a patient with short-gut syndrome or bowel obstruction and good functional status and a functional goal.
- 9) **Laboratory/Diagnostic services Indication:** Note: Diagnosis of a new problem that does not relate to the terminal illness can be evaluated and treated by the patient's primary care provider under usual Medicare (e.g. AMI).

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