



Hospice Admission Guidelines

Amyotrophic Lateral Sclerosis (ALS)

At A Glance

Amyotrophic lateral sclerosis (ALS) is a progressive, neurodegenerative disease that affects about 5,000 Americans each year.¹

Someone dies from ALS about every 90 minutes in the US.¹

Patients can expect to live from 3 to 10 or more years with ALS, for which no cure exists.¹

Hospice care addresses the ALS patient's physical, emotional and psychosocial symptoms, while educating and supporting family members/caregivers as they cope with their loved one's gradual decline.

Why Choose Hospice

Hospice care for patients with ALS is highly personalized because of the wide range of physical and cognitive challenges and symptoms associated with the disorder. It honors the wishes of ALS patients who no longer respond to maximized treatments and who wish to stay home for end-of-life care.

Hospice solutions focus on avoiding rehospitalization, providing comfort and managing symptoms that include shortness of breath and respiratory dysfunction, skin care issues, depression/anxiety and impaired nutrition/hydration. Hospice teams also manage pain that results from immobility, stiff joints and muscle cramps, and they support caregivers with connections to community resources, grief/bereavement help and financial assistance.

Most ALS patients die from respiratory failure, usually within 3-5 years of the first symptoms. About 10% of patients live 10 or more years.²

Not sure if your patient is hospice-eligible?

Contact VITAS for an evaluation to determine whether hospice is an appropriate option for care.

What Hospice Offers

- Comfort care provided in the patient's preferred setting of care
- Medication and supplies delivered to the patient, covered by Medicare
- Inpatient care when the patient is too sick to stay home
- Intensive Comfort Care[®], when medically necessary, provides around-the-clock hospice care to manage acute symptoms in the patient's preferred care setting so the patient can avoid hospitalization
- 24/7 access to hospice clinicians

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Amyotrophic Lateral Sclerosis (ALS) (Cont.)

Hospice Guidelines for ALS

A limited ALS prognosis is typically triggered by "rapid progression" of ALS, which is defined as the development of severe neurologic disability over a 12-month period. ALS may be complicated by secondary conditions (e.g., pneumonia, dysphagia, pressure ulcers) and co-morbid conditions.

Key Eligibility Factors: Breathing, Swallowing

Two factors are critical in determining prognosis for patients with end-stage ALS: The ability to breathe and the ability to swallow.

Patients are considered to be hospice-eligible for amyotrophic lateral sclerosis (ALS, or Lou Gehrig's disease) if they meet the following guidelines:

- BOTH rapid progression of ALS and critically impaired ventilatory capacity or
- BOTH rapid progression of ALS and critical nutritional impairment with a decision not to receive artificial feeding

OR

- BOTH rapid progression of ALS and life-threatening complications or comorbidities such as:
 - Recurrent aspiration pneumonia
 - Decubitus ulcers, multiple, stage 3-4, particularly if infected
 - Upper urinary tract infection, e.g., pyelonephritis
 - Sepsis
 - Fever recurrent after antibiotics

Referrals are secure and simple with the VITAS app.



To further assist with prognosis, the VITAS app contains an interactive Palliative Performance Scale that quickly quantifies hospice eligibility based on a patient's functional status.

1. ALS Association. (2019). Facts you Should Know. Retrieved from: <http://www.alsa.org/about-als/facts-you-should-know.html>

2. National Institute of Neurological Disorders and Stroke. (2019). Amyotrophic Lateral Sclerosis Fact Sheet. Retrieved from: <https://www.ninds.nih.gov/Disorders/Patient-Caregiver-Education/Fact-Sheets/Amyotrophic-Lateral-Sclerosis-ALS-Fact-Sheet>