VITAS® Healthcare

Hospice Admission Guidelines

End-Stage Renal Disease (ESRD)

At A Glance

Nearly 750,000 patients in the US are affected by ESRD each year.[1]

ESRD patients represent 1% of the US population but account for 7% of the Medicare budget.[1]

ESRD is 1.5-3.5 times more likely to affect African American, Latino and Native American patients.[2]

Hospice care gives ESRD patients the options of living and dying in the comfort of home.

Why Choose Hospice

End-of-life care should be considered when a patient refuses dialysis or decides to discontinue it, has a poor prognosis, when dialysis cannot be provided safely, or when dialysis is more likely to interfere with a patient's quality of life than to improve it.

Hospice care provides individualized care plans that avoid aggressive interventions at the end of life, keep patients out of the hospital and in their preferred care setting, and focus on quality of life, and management of symptoms and pain.

With hospice, patients report higher overall satisfaction with their care, symptom control, quality of life and improved communication with healthcare providers.[3] Timely referral to hospice may actually prolong survival for some patients.[4]

Hospice care allows patients to maintain a sense of self-control, eases burdens on their families/caregivers, strengthens relationships with loved ones and avoids a prolonged dying process.[5]

What Hospice Offers

- Comfort care provided in the patient's preferred setting of care
- Medication and supplies brought 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

Not sure if your patient is hospice-eligible?

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

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End-Stage Renal Disease (ESRD) (Cont.)

Common Indicators of ESRD That Can Signal Hospice Eligibility Include:

- Uremia
  - Confusion, obtundation
  - Intractable nausea and vomiting
  - Generalized pruritus
  - Restlessness, "restless legs"
- Oliguria: urine output < 400 cc/24 hours
- Intractable hyperkalemia: persistent serum potassium > 7.0
- Uremic pericarditis
- Hepatorenal syndrome
- Intractable fluid overload

Laboratory Findings:

- Creatine clearance of < 10cc/min (< 15 cc/min for diabetics)

  and

- Serum creatine > 8.0 mg/dL (> 6.0 mg/dL for diabetics)

Other Indicators and Symptoms Not Responsive to Optimal Medical Management or Due to Patient Noncompliance:

- Patient refuses dialysis or stops dialysis
- Multiple hospitalizations, ED visits or healthcare visits
- Serial physician assessments, laboratory/diagnostic studies consistent with disease progression
- Presence of multiple, active co-morbid conditions (cancer, end-stage heart/lung disease, etc.)
- Weight loss
- Functional/cognitive decline
- Social withdrawal
- Uncontrolled pain
- Frequent nausea
- Increasing weakness
- Orthostatic hypotension
- Dehydration
- Decreasing muscle mass
- Impaired immune function
- Increase in infections
- Decrease in sympathetic response to stressors

Referrals are secure and simple with the VITAS app.

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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. The Kidney Project/University of California San Francisco. (2018). Statistics. Retrieved from: https://pharm.ucsf.edu/kidney/need/statistics
2. US Centers for Disease Control and Prevention. (2019). Chronic Kidney Disease in the United States, 2019. Retrieved from: https://www.cdc.gov/kidneydisease/publications-resources/2019-national-facts.html
3. Teno, et al. (2004). Family perspectives on end-of-life care at the last place of care. JAMA, 7;291(1):88-93. DOI: 10.1001/*JAMA*.291.1.88
4. Temel, et al. (2010). Early Palliative Care for Patients with Metastatic Non–Small-Cell Lung Cancer. *NEJM*, 363:733-742. DOI: 10.1056/NEJMoa1000678