DIAGNOSIS: STROKE OR COMA

MEDICARE EVALUATION TOOL | MEDICARE GUIDELINES

The patient listed or the patient's loved ones have expressed interest in Yolo Hospice's services. Please return this form ***by fax ONLY*** to: **530-758-9017**

From:_____ Phone:_____

Patient Name:_____ Date:_____

PATIENT INFORMATION

Medicare requires documentation of need for hospice through prognostic data. **Please supply that below:**

DOCUMENTATION OPTION

Please confirm terminal dx:_____

STROKE | INABILITY TO MAINTAIN HYDRATION AND CALORIC INTAKE WITH ONE OF THE FOLLOWING:

- ❑ weight loss > 10% in last 6 months or > 7.5% in the last 3 months
- ❑ serum albumin < 2.5 gm/dl
- ❑ current history of pulmonary aspiration no response to speech language pathology intervention
- ❑ sequential calorie counts documenting inadequate caloric/fluid intake
- ❑ Dysphagia severe enough o prevent patient from continuing fluids/foods necessary to sustain life and patient does not receive artificial nutrition or hydration

Documentation supporting poor prognosis after stroke:

- ❑ For non-traumatic hemorrhagic stroke
  - ❑ Large-volume hemorrhage on CT (Infratentorial: >/= 20 ml; supratentorial >/= 50 ml
  - ❑ Ventricular extension of hemorrhage
  - ❑ Surface area of involvement of hemorrhage >/= 30% cerebrum
  - ❑ Midline shift >/= to 1.5 cm
  - ❑ Obstructive hydrocephalus in patient who declines or is not a candidate for ventriculoperitoneal shunt
- ❑ For thrombotic/embolic stroke
  - ❑ Large anterior infarcts with both cortical & subcortical involvement
  - ❑ Lare bihemispheric infarcts
  - ❑ Basilar artery occlusion
  - ❑ Bilateral vertebral artery occlusion

COMA | Comatose patient with any three (3) of the following on day three (3) of coma

- ❑ Abnormal brain stem response
- ❑ Absent verbal response
- ❑ Absent withdrawal response to pain
- ❑ Serum creatinine> 1.5 mg/dl

Supporting documentation: Incidence of any of the following within the previous 12 months

- ❑ Aspiration pneumonia.
- ❑ Pyelonephritis
- ❑ Fever recurrent after antibiotics
- ❑ Refractory stage 3-4 decubitus ulcers

Please respond YES or NO to the questions in this section:	YES	NO
1. I support hospice care for this patient.	❑	❑
2. I will be patient's attending physician.	❑	❑
3. I have discussed hospice with patient/loved ones.	❑	❑
4. I have discussed terminal diagnosis with patient/loved ones.	❑	❑
5. I will sign death certificate when it becomes necessary.	❑	❑

Based on the information indicated above, the above named patient has a medical prognosis that life expectancy is six (6) months or less, if the terminal illness runs its normal course

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Physician Signature Date