Evolution of Hospice

Roman Empire 27 BC to 467 CE

Hospes: 1) Host 2) Guest, visitor 3) foreigner

Wholistic Care

- L’Hotel Dieu 1500
- St Christopher’s Hospice London: Cicely Saunders 1967
- Connecticut Hospice: Florence Wald 1974
- Medicare 1983
- CAPC 1998
A CLIENT’S WISHES FOR CARE ARE WHAT MATTER MOST…

“You matter because you are you. You matter to the last moment of your life, and we will do all we can, not only to help you die peacefully, but also to live until you die.”

~Dame Cicely Saunders

https://www.youtube.com/watch?v=43BxrLIF4BY
Hospice Philosophy:

- Death is a natural part of the cycle of life; focus is on caring not curing
- You have the right to death with dignity and as much control in your environment as possible
- You have the right to live your life to the fullest until the day you die
- You have the right to good symptom management
- You and your loved ones have the right to emotional & spiritual support as desired
Symptom Management

Dignity And Control

Hospice

Mind

Body

Spiritual Support

Spirit
Physician referral

Life limiting illness with life expectancy of 6 months

Desire for comfort rather than curative procedures
Co-Morbidities
Life time of Chronic Illnesses

- Neurologic Disease
- Heart Disease
- Lung Disease
- Renal Disease
- GI Disorders
- Endocrine
<table>
<thead>
<tr>
<th>Is there general decline?</th>
<th>Specific Disease requirements met</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Wt loss, poor po intake</td>
<td>- ALS</td>
</tr>
<tr>
<td>- Dysphagia, aspiration</td>
<td>- Liver Disease</td>
</tr>
<tr>
<td><strong>Other signs/symptoms?</strong></td>
<td>- Pulmonary Disease</td>
</tr>
<tr>
<td>- Weakness, alt LOC</td>
<td>- Alzheimer Dementia</td>
</tr>
<tr>
<td>- Progressive decline in FAST</td>
<td>- Renal</td>
</tr>
<tr>
<td>- Progressive dependence on ADLs</td>
<td>- Heart Disease</td>
</tr>
<tr>
<td>- Multiple ED Visits or hospitalizations</td>
<td>- HIV</td>
</tr>
<tr>
<td>- Progressive skin breakdown</td>
<td>- Stroke</td>
</tr>
<tr>
<td></td>
<td>- Cancer</td>
</tr>
</tbody>
</table>
Payer Source (2016)

Medicare – 417 (91.2%)
Medicaid – 15 (3.3%)
Other Federal Insurance – 4 (0.9%)
Private Insurance – 19 (4.2%)
Charity – 1 (0.2%)
VA – 1 (0.2%)
## Covered

- All Team visits & telephone calls
- **Medications related to Hospice Diagnosis or any symptoms caused by the diagnosis**
- Medical equipment most commonly required
- Medical transport related to diagnosis

## Not Covered

- Medications not related to Hospice Diagnosis
- Room & Board
- Medical Care required but not related to the Hospice Diagnosis
## Hospice Covered Medications

**WENATCHEE - HSP, (509) 665-6049**

**Allergies:** SULFA*, ZITHROMAX*

<table>
<thead>
<tr>
<th>Medicine name and how to take</th>
<th>Strength of medicine</th>
<th>How much to take</th>
<th>When to take</th>
<th>Reason to take</th>
<th>Notes:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bayer Plus Extra Strength Oral</td>
<td>500 mg</td>
<td>2 Tabs If Symptoms Unrelieved May Increase To 3 Tabs</td>
<td>Every 12 Hrs - Take Only As Needed</td>
<td>Mild To Moderate Pain</td>
<td></td>
</tr>
<tr>
<td>Comfort Pack</td>
<td>varies</td>
<td>Varies</td>
<td>Varies - Take Only As Needed</td>
<td>Symptom Management</td>
<td>Do Not Access Or Increase Medication Doses Unless Consult With Hospice Rn</td>
</tr>
<tr>
<td>Cosopt Ophthalmic</td>
<td>22.3-6.8 mg/mL</td>
<td>1 Drop Left Eye</td>
<td>2 Times Daily</td>
<td>Glaucoma</td>
<td></td>
</tr>
<tr>
<td>Ipratropium-Albuterol Inhalation</td>
<td>0.5 mg-3 mg (2.5 mg base)/3 mL</td>
<td>3ML</td>
<td>Every 6 Hours - Take Only As Needed</td>
<td>Shortness Of Breath Or Wheezing</td>
<td></td>
</tr>
<tr>
<td>Milk Of Magnesia Oral</td>
<td>400 mg/5 mL</td>
<td>30ML</td>
<td>Daily - Take Only As Needed</td>
<td>Constipation</td>
<td></td>
</tr>
<tr>
<td>O2 - Oxygen - Inhalation</td>
<td>100%</td>
<td>3L/Min</td>
<td>Intermittent - Take Only As Needed</td>
<td>Shortness Of Breath</td>
<td></td>
</tr>
<tr>
<td>Proventil Hfa Inhalation</td>
<td>90 mcg/actuation</td>
<td>2 Puffs</td>
<td>Every 4 Hours - Take Only As Needed</td>
<td>Shortness Of Breath Or Wheezing</td>
<td></td>
</tr>
</tbody>
</table>
Only to be accessed and used as instructed by Hospice RN

1. **Atropine 1% Ophthalmic drops**: 2 drops **ORALLY** as needed for secretions. (May be substituted with Hyoscyamine oral tablets)
2. **Bisacodyl 10mg** suppository: no BM x3 days
3. **Diphenhydramine 25mg**: 1 tab as needed for allergy symptoms or nausea
4. **Haloperidol 1mg**: 1 tab q4hr as needed for agitation or nausea
5. **Lorazepam 1mg**: ½ tab q 4hr as needed for anxiety
6. **Morphine 20mg/ml or oxycodone 10mg tabs**: up to hourly for severe pain or dyspnea
7. **Prochlorperazine 25mg** suppository: 1 q 12 hours for nausea

**Comfort Pack**
Symptoms Associated with EOL

- Pain –
  - Morphine
- Dyspnea –
  - Morphine, O2
- Nausea –
  - Prochlorperazine
- Anxiety –
  - Lorazepam
- Increased Secretions-
  - Atropine; Hyomax
- Agitation –
  - Lorazepam, haldol
- Delirium –
  - Haldol
- Constipation –
  - increase bowel program
- Anorexia –
  - Diet as tolerated
Mild Pain
Non-opiod analgesic

Moderate (4-6) to Severe (7-10)
Morphine
Oxycodone
Hydromorphine (Dilaudid)

Long Acting Medications
Methadone
Fentanyl
Oxycontin/Oxycodone ER/Oxycodone SR
MS Contin/Morphine ER/Morphine SR
Algorithm step IV

FIRST LINE: IV MORPHINE

- Pt is no longer able to swallow
- Pt has questionable GI absorption
- Pt not well controlled with po meds after multiple titrations

Other Options Available: hydromorphone, midazolam, ketamine

- Preferred route: CVA (pic or port)
- Alternate route: Sub-Q

Pain assessment: PQRSTA

Other Options Available: hydromorphone, midazolam, ketamine
Adjuvant Medications

- **Anticonvulsants**
  - Gabapentine (Neurontin)
  - Pregabalin (Lyrica)

- **Tricyclic Antidepressants**
  - Nortriptyline
  - Amitriptyline

- **Local Anesthetics**
  - Lidocaine patches

- **SSRI (Duloxetine)**

- **Others:**
  - Dexamethasone
  - Radiation
  - Paracentesis
  - Pleuracentesis
  - Transfusions
Medications which may induce Delirium:
Anticholinergics, Antihistamines, Antipsychotics, Opioids, Benzodiazepines, Corticosteroids
Volunteers the Heart of Hospice

- Regular visits to socialize
- Providing a presence
- Playing puzzles or games
- Companionship/emotional support
- Playing music
- Listening as clients reminisce
- Check-in program
- Errands
- Assisting with writing or correspondence
- Assisting with memory books
- Hand or foot rubs (with RN permission)
Hospice and Community Providers

Differences between Home Health, Hospice and Palliative Care
Home Health – Ordered by a physician for short term treatment for achieving independence in one’s home or ALF. Physical Therapy, Occupational Therapy, Speech Therapy, Skilled Nursing, IV Therapy, Social Work Services, Personal care, Maternal Child Care and Dietary Services.

- wound care
- teaching patient and families
- Community Resources
- Equipment and Supplies
- Providing information and emotional support as they cope with complex care and challenges of caregiving.
Palliative Care

- Developing care goals
- Manage pain and symptoms
- Guide you through the healthcare system
- Provide emotional and spiritual support
- Communicate between you and your care team

*Palliative Care is not Hospice Care.* While Hospice care is reserved for patients with a serious illness in the last 6 months of life, Palliative Care services are available at any time after diagnosis of a serious illness.
How does Hospice interface with Paramedics and EMT’s

Contracted service through Hospice – we pay for Ambulance Services that include: patient transfers for Respite, General Inpatient Care, occasional appointments.

We understand that no matter how much education we provide, patients panic and call 911 for many different reasons: patient falls, change in condition, pain. If you see a POLST form or Orange Card from Hospice please call us. The Hospice RN will make a visit 24/7. If a patient is transported to the hospital we address each issue with a visit by the Hospice RN/MSW.

Patient Story: WS