



**CRITERIA FOR DETERMINING A LIFE EXPECTANCY OF SIX MONTHS OR LESS IN NON-CANCER PATIENTS**

NON-CANCER DIAGNOSIS	“MUST HAVE CRITERIA”	COMMENTS
<b>Adult Failure to Thrive</b> aka: “Terminal Debility” <b>“Debility, Unspecified”</b> (799.3)	<ol style="list-style-type: none"> <li>Nutritional impairment. Either refusing enteral/parenteral nutrition or is losing weight, despite adequate caloric intake <i>and</i></li> <li>Dependence on assistance for two or more ADLS</li> </ol>	<ol style="list-style-type: none"> <li>Disability rating must come from measurements/observations made within the past 6 months.</li> <li>Progressive decline of key symptoms, signs, and lab findings re: advancing multisystem disease: all contribute to prognosis of <math>\leq 6</math> months.</li> </ol>
<b>Dementia</b>	<ol style="list-style-type: none"> <li>Unable to ambulate, dress, bathe w/o assistance</li> <li>Urinary &amp; Fecal incontinence (intermittent or constant)</li> <li>No meaningful verbal communication; stereotypical phrase; 6 or &lt; words</li> <li>Has had one or more of the listed conditions in the past 12 months: please see comments</li> </ol> <p>(Note: 1–3 above comprise criteria for FAST scale level 7)</p>	<p><b>Conditions which support dementia criteria:</b></p> <ol style="list-style-type: none"> <li>Aspiration Pneumonia</li> <li>Pyelonephritis/upper UTI</li> <li>Septicemia</li> <li>Decub. Ulcers (III or IV stage)</li> <li>Fever, recurrent after antibiotics</li> <li>Inability to maintain sufficient caloric intake with 10% weight loss during last 6 months or albumin &lt;2.5</li> </ol>
<b>End-Stage Pulmonary Disease</b>	<ol style="list-style-type: none"> <li>Disabling dyspnea at rest (poorly or unresponsive to bronchodilators) e.g. resulting in bed to chair existence, fatigue, and cough, <i>and</i></li> <li>Prior disease progression as evidenced by increasing visits to ER or hospitalizations for pulmonary infections and/or respiratory failure</li> </ol>	<p><b>The following will lend supporting documentation:</b></p> <ol style="list-style-type: none"> <li>O<sub>2</sub> sat on RA <math>\leq 88\%</math> or pO<sub>2</sub><math>\leq 55</math>; or hypercapnia (pCO<sub>2</sub><math>\geq 50</math>)</li> <li>Cor pulmonale and right heart failure</li> <li>Unintentional wt loss of &gt;10% body wt in last 6 mos.</li> <li>Resting tachycardia &gt;100/min.</li> </ol>
<b>End-Stage Cardiac Disease</b> <b>CHF and/or ASCAD</b>	<ol style="list-style-type: none"> <li>Optimally treated with diuretics/vasodilators (or latter contraindicated)</li> <li>Is not a candidate for or refuses invasive procedures</li> <li>Class IV New York Heart Assoc:             <ol style="list-style-type: none"> <li>Unable to carry on any physical activity w/o symptoms (C/P or SOB)</li> <li>Symptoms present even at rest</li> <li>Any activity increases symptoms</li> </ol> </li> </ol>	<p><b>The following will lend supporting documentation:</b></p> <ol style="list-style-type: none"> <li>Rx resistant arrythmias</li> <li>HX of cardiac arrest/resuscitation</li> <li>HX of unexplained syncope</li> <li>Brain embolism of cardiac origin</li> <li>HIV disease</li> <li>Ejection fraction documented at <math>\leq 20\%</math></li> </ol>

