

HEART DISEASE

Guidelines for End-Stage Heart Disease and Related Disorders

LIFE LIMITING CONDITION AS EVIDENCED BY:

Documentation of clinical progression of disease evidenced by:

- Physician assessment
- Laboratory studies
- Radiologic or other studies
- Multiple ER visits and Inpatient hospitalizations

AND/OR

The patient is already optimally treated with diuretics and vasodilators, which may include:

- Angiotensin-converting enzymes (ACE) inhibitors or the combination of hydralazine and nitrates. If side effects, such as hypotension or hyerkalemia, prohibit the use of ACE inhibitors or the combination of hydralazine and nitrates, this must be documented in the medical records OR
- Patient is having angina pectoris, or dyspnea with minimal exertion, resistant to standard nitrate therapy and are either not candidates or decline invasive procedures.
- The patient has significant symptoms of recurrent congestive heart failure (CHF) despite optimal treatment.
- Symptoms may present at rest.
- If any physical activity is undertaken, symptoms are increased.

DOCUMENTATION OF THE FOLLOWING FACTORS MAY PROVIDE ADDITIONAL SUPPORT FOR END-STAGE HEART DISEASE:

- Treatment resistant symptomatic supraventricular or ventricular arrhythmias
- Documentation of ejection fraction of 20% or less
- History of cardiac arrest or resuscitation
- History of unexplained syncope
- Brain embolism of cardiac origin
- Concomitant HIV disease

Would you be surprised by this patient's death within the next six months?





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