



Place Resident Name Sticker Here

Boulevard Manor Heritage Manor Lakeside Manor Oakland Manor  
Oakridge Manor Pine Creek Manor Regency Manor Other \_\_\_\_\_

### Hospice Consult Trigger Tool –

Please use this trigger tool to identify patients with Advanced (End-Stage) Disease who may benefit from a Hospice Referral. **One** check mark in **any** category is sufficient to request a hospice consult. While this doesn't necessarily mean the patient is hospice eligible, a consult to hospice is reasonable.

**Does this patient meet any of the following criteria? (Please check all that apply):**

- Mets** -- Metastatic cancer (any type of advanced or aggressive cancer.)
- Pressure Ulcer** -- Progressive stage 3-4 pressure ulcers, despite optimal care.
- Hospitalizations** -- Frequent hospital admissions (> 2 in the past 6 months.)
- Dementia** -- Elderly patient with dementia or any cognitive impairment who **Also has** any other major medical condition (including Sepsis or other infections, wounds, weight loss, CHF, or major fractures)
- NPO with Chronic condition** -- Patient with chronic debilitating medical condition, who is also NPO, consistently not eating, drinking, or suffering from dysphagia/high risk for aspiration.
- Refusing Treatment** -- Patient with chronic, debilitating medical condition, who is refusing aggressive treatments (including consistent refusal of medications.)
- Weight Loss** -- Any elderly patient with **10% weight loss** in the past 6 months. <sup>1</sup>
- Life Expectancy < 6 mos** -- Would you **not** be surprised if the patient died in the next 6 months?<sup>2</sup>

**Any of the following not related to an acute condition:**

- Decline** -- Recent substantial decline in functional status (dependent upon assistance for multiple ADLs.)
- Albumin low** -- Albumin <2.5, or trending down

**If any of the items are checked above, did you request a Hospice Consult Order?**

Yes, an order was given by physician (required for hospice eligibility evaluation.)

No, a consult order was not obtained because: \_\_\_\_\_

**Name of Person Completing this Form:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Call/Email/Fax hospice consult to:**

**Phone:** 248-593-5553 **Fax:** 248-963-1030 **Email:** [angelhospice@pioneerhcm.com](mailto:angelhospice@pioneerhcm.com)

Angel Hospice staff are available to provide information on hospice to patients, families, or facility staff at any time. We do **not** need an order to provide information or education. **For more information or if you need help using this trigger tool, Angel Hospice phone number is 248-593-5553.**

<sup>1</sup> (Medicare guidelines consider % of weight loss rather than the # of pounds lost. Albumin <2.5 or trending down also may demonstrate decline.)

<sup>2</sup> (hospice eligibility is a prognosis of < 6 months, if the disease follows expected trajectory, must be certified by 2 physicians.)

NOTE: This form is NOT to become part of the patient's permanent medical record. It is intended for data collection purposes only.

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