



Solterra Hospice

WHERE DIGNITY MEETS COMFORT

3000 Market St NE, Suite 268
Salem, Oregon 97301
Office: (971) 443-5037

PLEASE FAX THIS FORM TO (503) 523-0633

Patient Name Phone DOB

Address City State Zip

Primary Insurance Policy #

Secondary Insurance Policy #

Hospice Diagnosis

Primary Contact Phone

PHYSICIAN OR APRN ORDER

ORDER FOR:

Admit to Hospice Hospice Evaluation/Admit if appropriate

ONGOING ORDERS:

PCP will follow Hospice Physician/APRN to follow

PCP would like to be notified of patient passing

PCP Signature Date

PCP Printed Name Phone

Address City State Zip

GUIDELINES FOR HOSPICE ADMISSION

ALZHEIMER'S DEMENTIA

- REQUIRED:
 - Urinary and fecal incontinence
 - Limited communication/difficulty completing a thought
- AND a specific comorbidity or secondary condition
 - Aspiration pneumonia
 - Infection
 - Weight loss and/or albumin < 2.5

HEART DISEASE

- Symptoms of heart failure at rest (dyspnea, chest pain)
- Severely limited functional capacity
- Symptoms despite maximal medical management (diuretics, vasodilators)

CANCER

- Clinical findings of metastatic disease
- Weight loss
- Opting to forego further chemotherapy/radiation therapy

PULMONARY DISEASE/COPD

- Dyspnea at rest
- Recurrent pulmonary infection
- Resting tachycardia and/or hypoxia

STROKE

- Rapid drop in level of consciousness
- Coma or vegetative state
- Absent verbal response
- Dysphagia

AMYOTROPHIC LATERAL SCLEROSIS

- Declines assisted ventilation
- Dyspnea at rest
- Difficulty swallowing
- Complications, such as pneumonia or sepsis

KIDNEY DISEASE

- Creatinine Clearance < 10 cc/min
- Hyperkalemia (K > 7)
- Serum Creatinine > 8 and foregoing dialysis

LIVER DISEASE

- Serum albumin < 2.5
- Peritonitis
- Hepatorenal syndrome