Counseling & Support

Gilchrist offers patients and families counseling and support through every stage of serious illness—from making sense of treatment options to coping with caregiver stress or coming to terms with the death of a loved one.

Elder Medical Care

Gilchrist's team of physicians, nurse practitioners and social workers provide coordinated geriatric care and guidance for those with serious illness, long before hospice is needed. Care is provided at home, in an office setting, or at a residential care center.

Hospice Care

Gilchrist Hospice Care, including Gilchrist Kids, provides care that enhances the end of life for people with life-limiting illnesses and offers support for their families. Our team provides care that addresses all needs: medical, emotional, social and spiritual.



END-STAGE DISEASE INDICATORS





GILCHRIST
A NONPROFIT ORGANIZATION

443.849.8200

11311 McCormick Road, Suite 350 Hunt Valley, Maryland 21031

gilchristcares.org

TTY Maryland Relay Service: 1.800.735.2258

Gilchrist provides services without regard to race, color, creed, sex, sexual orientation, disability, religion, ability to pay or national origin.



Live Every Moment

COMMON INDICATORS OF END-STAGE DISEASE

Patient may exhibit **ONE** or **MORE** of the following Core and Disease-specific indicators.

These are guidelines only. Clinical judgement is required for each case. Our staff will work with you to determine your patient's eligibility.

CORE INDICATORS

Physical Decline
Weight Loss > 10% in past 6 months
Multiple Comorbidities
Serum Albumin < 2.5 gm/dl
Dependence in most ADL's
Karnofsky Score <= 50%

AMYOTROPHIC LATERAL SCLEROSIS (335.20)

Unable to walk, needs assistance with ADLs
Barely intelligible speech
Difficulty swallowing
Nutritional status compromised
Declines feeding tube
Significant dyspnea, on O2 at rest
Declines assisted ventilation
Medical complications – pneumonia, URI, sepsis

CVA (436) **& COMA** (780.01)

Persistent vegetative state
Dysphagia
Age > 70
Post-stroke dementia
Nutritional status compromised
Medical complications
Family wants palliative care

Consider These Questions

Do you believe a cure is no longer possible?

Will the patient and family benefit from comfort care?

Would I be surprised by this patient's death within the next year?

DEMENTIA (Senile Degenerative Brain – 331.2 & Alzheimer's – 331.0)

Urinary and fecal incontinence
No consistently meaningful verbal communication
Unable to sit up or hold head up
Complications: Aspiration pneumonia, UTI, sepsis,
decubiti

Dependent in 3 or more ADLs: eating, ambulating, dressing, toileting, hygiene
Difficulty swallowing/eating
Nutritional status compromised

Weight loss > 10% in past 6 months Other comorbidities or rapid decline

HEART DISEASE (CHF – 428.0)

Symptomatic despite maximal medical management with diuretics and vasodilators
Arrhythmias resistant to treatment
Ejection fraction < 20%
History of cardiac arrest
Cardiogenic embolic CVA

HIV/AIDS (042)

CD4 < 25/ml

CD4 > 50/ml plus non-HIV comorbidities
Viral load > 100,000/mil and forego all antivirals
Viral load < 100,000/mil plus complications
Wasting syndrome
CNS lymphoma
PML (progressive multifocal leukoencephalopathy

Cryptosporidiosis

MAC (mycobacterium avium complex)

Visceral Kaposi's sarcoma, unresponsive to treatment Toxoplasmosis

AIDS dementia

Substance abuse

Decision to forgo antiretroviral, chemotherapeutic and prophylactic drug therapy

LIVER DISEASE (571) PTT > 5 sec above control

Serum albumin < 2.5g/dl
Ascites despite maximum diuretics
Peritonitis
Hepatorenal syndrome
Encephalopathy with asterixis, somnolence, coma
Recurrent variceal bleeding

PULMONARY DISEASE (COPD - 496)

Dyspnea at rest
FEV1 < 30% after bronchodilators
Pulmonary infections
Cor pulmonale/right heart failure
pO2 < 55mm Hg;
O2 sat < 88% (on O2)
Weight loss > 10% in past 6 months
Resting tachycardia > 100/min

RENAL DISEASE (586)

Creatinine Clear < 10cc/min (< 15cc/min in diabetics) No dialysis, no renal transplant Signs of Renal failure (confusion, nausea, puritius, restlessness) Intractable fluid overload Oliguria < 400cc/24hrs Hyperkalemia > 7.0mEg/L

IF YOU ANSWERED **YES** TO ANY OF THESE QUESTIONS, CALL:

443.849.8200

