

Renal Failure – Chronic

The patient has 1 and either 2 or 3:

1. The patient is not seeking dialysis or transplant*

AND

2. Creatinine clearance* <10cc/min (<15cc/min for diabetics)

*Creatinine Clearance Calculation for men

$$\text{CrCl} = \frac{(140 - \text{age in years}) \times (\text{weight in Kg})}{72 \times (\text{serum creatine in mg/dl})}$$

*Creatinine Clearance Calculation for women

$$\text{CrCl} = \frac{(140 - \text{age in years}) \times (\text{weight in Kg})}{72 \times (\text{serum creatine in mg/dl})} \times 0.85$$

OR

3. Serum creatinine >8.0 mg/dl (>6.0 mg/dl for diabetics)

Supporting evidence for hospice eligibility:

- Uremia
- Oliguria (urine output is less than 400 cc in 24 hours)
- Intractable hyperkalemia (greater than 7.0) not responsive to treatment
- Uremic pericarditis
- Hepatorenal syndrome
- Immunosuppression/AIDS
- Intractable fluid overload, not responsive to treatment

In the absence of one or more of these findings, rapid decline or comorbidities may also support eligibility for hospice care.

*There are instances when dialysis is used as a concurrent therapy or is not related to the patient's primary hospice diagnosis and the patient may be eligible for hospice. ***Please call Agrace to discuss patients who may continue dialysis while on hospice.***