



505 W. Owassa,
 Edinburg, TX 78539
 O: (956) 283-1550
 F: (956) 961-4910
 jcarmona@amarahospice.com
 www.AmaraHospice.com

Criteria for Hospice: Amyotrophic Lateral Sclerosis (ALS)

Mark all that apply: Patient must fulfill 1, 2 or 3 for ALS to be the terminal diagnosis.

1. The patient must demonstrate critically impaired breathing capacity.

a. Critically impaired breathing capacity as demonstrated by all of the following characteristics occurring within the 12 months preceding initial hospice certification:

- Vital Capacity (VC) less than 30% of normal
- Significant dyspnea at rest
- Requiring supplemental oxygen at rest
- Patient declines artificial ventilation

2. The Patient must demonstrate both rapid progression of ALS and critical nutritional impairment.

a. Rapid progression of ALS as demonstrated by all of the following characteristics occurring within the 12 months preceding initial hospice certification:

- Progression from independent ambulation to wheelchair or bedbound status
- Progression from normal to barely intelligible or unintelligible speech
- Progression from normal to pureed diet
- Progression from independence in most or all activities of daily living (ADLs) to needing major assistance by caretaker in all ADLs

b. Critical nutritional impairment as demonstrated by all of the following characteristics occurring within the 12 months preceding initial hospice certification:

- Oral intake of nutrients and fluids insufficient to sustain life
- Continuing weight loss
- Dehydration or hypovolemia
- Absence of artificial feeding methods

3. Patient must demonstrate both rapid progression of ALS and life-threatening complications

a. Rapid progression of ALS, see 2.a. above.

b. Life-threatening complications as demonstrated by one of the following characteristics occurring within the 12 months preceding initial hospice certification:

- Recurrent aspiration pneumonia (with or without tube feeding)
- Upper urinary tract infection, e.g., pyelonephritis
- Sepsis
- Recurrent fever after antibiotic therapy

<input type="checkbox"/> 1. Comorbid Conditions- List all	Structural/Functional Limitations	Activity/Participation Limitations
_____	_____	_____
_____	_____	_____
_____	_____	_____

<input type="checkbox"/> 2. Secondary Conditions i.e., wounds, pneumonia, etc.	Structural/Functional Limitations	Activity/Participation Limitations
_____	_____	_____
_____	_____	_____
_____	_____	_____