

## Hospice for CVA Patients

### Reasons to choose Kansas Palliative & Hospice Care for Stroke/CVA Patients

*Our Mission is to provide the highest level of comfort and care, honoring and respecting the dignity of each individual, and enhancing the quality of living at the end of life, under the guidance of Christian principles.*



#### INDIVIDUALIZED CARE PLANNING

**We develop individualized plans of care** as cerebral vascular disease / accidents symptoms progress, patients experience functional and physiological decline. We will develop a POC that addresses pain, agitation, hydration, nutrition, skin care, recurrent infections, incontinence, need for ADL assistance - all common problems associated with CVA / Stroke.

**We care for patients** wherever they call home - whether in their own home, a caregiver's home, a long term care facility or an assisted living community.

**We will coordinate** the individualized plan of care with the advice and consent of the patient's physician. The case manager will ensure that information flows between all physicians, nurses, social workers, aides, volunteers, and, if appropriate, clergy.

**We will supply** all medications, medical supplies and medical equipment related to the diagnosis to ensure patients have everything they need.

**We will support** the patient as well as the family emotionally and spiritually providing the resources to help both maintain their emotional and spiritual well-being.

**We will train** the caregiver on how to provide basic care to ensure the patient is comfortable and safe in the home. As the patient gets weaker, symptoms increase and communication becomes more difficult, we educate on how to

#### STROKE/CVA HOSPICE CRITERIA

**Acute phase patients on evaluation 3 days after the acute event should display some:**

- ◆ Coma or persistent vegetative state secondary to the CVA
- ◆ Coma or severe obtundation with severe myoclonus in post anoxic injury
- ◆ Dysphagia preventing nutrition adequate to sustain life in a pt who is declining or is not a candidate for artificial nutrition/hydration
- ◆ Clinical estimate of survival less than six months based on MRI or CT evaluation

**Chronic phase patients (Should have 1, 2, & 3, plus one complication)**

1. Karnofsky  $\leq$  40
2. Serum albumin  $<$  2.5 or wt loss of  $>$ 10%
3. Incontinence and inability to ambulate without assistance and minimal intelligible speech

##### Complications

- ◆ Aspiration pneumonia
- ◆ Sepsis
- ◆ Recurrent URI/upper UTIs
- ◆ Recurrent fever after antibiotic tx
- ◆ Refractory, multi stage 3-4 decubitus ulcers