When are Patients with Liver Disease Appropriate for Hospice?

Any patient with end-stage liver disease may be appropriate for hospice care if the patient has a prognosis of six months or less should their disease run its natural course. It may be appropriate to initiate a hospice assessment if a patient has experienced one or any of the following:

- Progressive malnutrition, significant unintentional weight loss
- Continued active alcoholism (>80 gm ethanol/day)
- Recurrent variceal bleeding (despite intensive therapy)
- Spontaneous bacterial peritonitis
- Refractory to treatment, ascites or patient non-compliant
- Hepatitis B positive
- Hepatocellular carcinoma
- Documented clinical decline, including labs, over the past six months

Note: The factors listed above are general medical guidelines and are not intended to be strict criteria. The decision to admit a patient to hospice is based on the clinical guidelines and each patient’s unique needs.

Symptom Management

Hospice manages symptoms that affect a patient’s quality of life, including but not limited to:

- Pain; profound weakness; dyspnea; nausea/vomiting
- Emotional distress such as anxiety or grief
- Spiritual or ethical issues that are related to the dying process
- Multi-system deterioration

Benefits of Referring Your Patient to Hospice Care

- Providing medications reduces the financial burden on the patient and family, thereby increasing patient and family satisfaction with your care
- Intensive pain and symptom management which eliminates or reduces unnecessary hospitalizations/ER visits
- Medications, DME and supplies provided, making the patient more compliant to their treatment plan
- Family support and education relieves caregiver stress and exhaustion which decreases demands on your time
- Ability to benefit from a full range of programs and services, including 24-hour access to care, psychosocial programs, volunteer services and grief counseling