Patients will be considered to be in the terminal stage of stroke or coma (life expectancy of six months or less) if they meet the following criteria on initial certification:

1. **GENERAL DECLINE IN CLINICAL STATUS GUIDELINES** for non-disease specific baseline guidelines, Part II

PLUS

2. **DISEASE SPECIFIC GUIDELINES FOR STROKE AND COMA:**

**STROKE**

A. Karnofsky Performance Status (KPS) of < 40%

B. Inability to maintain hydration and caloric intake with one (1) of the following:
   1) Weight loss > 10% in the last 6 months or >7.5% in the last 3 months
   2) Serum albumin <2.5 gm/dl
   3) Current history of pulmonary aspiration not responsive to speech language pathology intervention;
   4) Sequential calorie counts documenting inadequate caloric/fluid intake
   5) Dysphagia severe enough to prevent patient from continuing fluids/foods necessary to sustain life, and patient does not receive artificial nutrition and hydration.

**COMA (any etiology)**

A. Comatose patients with any three (3) of the following on Day 3 of coma:
   1) Abnormal brain stem response
   2) Absent verbal response
   3) Absent withdrawal response to pain
   4) Serum creatinine > 1.5 mg/dl

B. Documentation of the following factors will support eligibility for hospice care:
   Documentation of medical complications, in the context of progressive clinical decline, within the previous 12 months, which support a terminal prognosis:
   1) Aspiration pneumonia
   2) Pyelonephritis
   3) Refractory stage 3-4 decubitus ulcers
   4) Fever recurrent after antibiotics

C. Documentation of diagnostic imaging factors that support poor prognosis after stroke include:
   1) For non-traumatic hemorrhagic stroke:
a) Large-volume hemorrhage on CT:
   i. Infratentorial: ≥ 20 ml
   ii. Supratentorial: ≥ 50 ml
b) Ventricular extension of hemorrhage
c) Surface area of involvement of hemorrhage ≥ 30% of cerebrum
d) Midline shift ≥ 1.5 cm
e) Obstructive hydrocephalus in patient who declines, or is not a candidate for ventriculoperitoneal shunt

2) For thrombotic/embolic stroke:
   a) Large anterior infarcts with both cortical and subcortical involvement
   b) Large bihemispheric infarcts
   c) Basilar artery occlusion
   d) Bilateral vertebral artery occlusion