

Frank's Hospice Story

Frank was **diagnosed with Stage 2 COPD** eight years ago, when he was 47 years old. Frank **also developed heart disease and Type 2 diabetes**. As his COPD progressed, his dyspnea made it harder for him to exercise, which exacerbated his COPD even more. Eventually, he became caught in a vicious cycle of worsening symptoms.

His body craved sustenance, but **his lungs fought for oxygen**. Nutritional supplements supported his energy level, but he had already lost 15% of his body weight and showed signs of malnourishment. He was **reliant on his O2 tank 24 hours a day**, and simply getting out of bed left him gasping for breath.

Frank was **rushed to the hospital five times within a four-month span**, including one episode that required intubation.

Frank's pulmonologist watched his condition rapidly decline, and saw that **he was no longer responding well to therapies**. He asked Frank if he would be interested in learning more about hospice care—and he was.

Hospice staff worked with both Frank and his family to teach them what to expect. His family realized that **under hospice care, Frank could be better monitored and treated to reduce episodes of respiratory distress**. His hospice team also coordinated a detailed plan to manage severe attacks at home, thus reducing the frequency of ER visits.

Hospice care allowed Frank's body to rest and heal in between episodes. The personalized, highly coordinated care and continued access to his primary doctor was essential for helping Frank and his family cope as his COPD progressed.



Hospice patients with COPD have specific supportive care needs.

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How Do You Know When It's Time?

When a patient exhibits all of the following signs, recommend a hospice evaluation:

- > Disabling dyspnea at rest
- > Frequent trips to the ER and/or hospitalizations for respiratory failure or infections
- > Patient refuses intubation
- > Bronchodilators losing efficacy
- > Hypoxemia at rest on room air ($pO_2 < 55$ mmHg by ABG) or oxygen saturation $< 88\%$
- > Hypercapnia evidenced by $pCO_2 > 55$ mmHg

Additional Symptoms to Substantiate Hospice Care:

- > Unintentional progressive weight loss
- > Cor pulmonale and right heart failure

Source: Eligibility and the Local Coverage Determinations

Personalized Hospice Care

COPD can be difficult and often causes challenges for patients, families and caregivers; however, with the right treatment and care, it can be managed.

Hospice Care Improves Quality of Life By Managing These Symptoms

- > Dyspnea at rest or with exertion—poor response to bronchodilators
- > Oxygen-dependent
- > Right heart failure
- > Resting tachycardia
- > Increased ER visits and/or hospitalizations for pulmonary infections
- > Progressive cough
- > Progressive weight loss
- > Home/chair-bound

Hospice Provides Care & Support

- > In-home comfort care, including body repositioning, breathing exercises and relaxation techniques to ease stress, anxiety, fear and panic caused by shortness of breath
- > 24/7 availability for consultation and urgent visits to reduce hospitalizations
- > Distribution and management of pain medications, oxygen and durable medical equipment and supplies to manage dyspnea
- > Emotional and spiritual support
- > Expert guidance and resources for end-of-life decisions, goals and wishes
- > Hospice volunteers to assist with nonmedical support, companionship and respite (relief) care

