

Hospice Case Studies

Case 1

Ms. Wamser is an 87-year-old woman with a hx of hypertension, hypothyroidism and advanced dementia consistent with Alzheimer's type dementia. She experienced a gradual functional decline and lost her ability to ambulate (FAST 7c) over the past 3 months and is non-verbal and dependent for all ADLs with fecal and urinary incontinence. She was hospitalized 2 weeks ago for an aspiration pneumonia but has improved and currently resides in a skilled nursing facility consuming approximately 25% of her meals. She has experienced increasing diarrhea, intermittent vomiting, and worsening anorexia over the past 6 weeks. Her family has opted to pursue hospice care and you are the medical director reviewing her medication list which is as follows:

Acetaminophen 500 mg q 4 hours prn pain
Amlodipine 10 mg PO daily
Donepezil 10 mg PO in evening
Levothyroxine 50 mcg PO daily
Memantine 10 mg PO BID
Mirtazapine 15 mg PO daily

Which of the following is the best management option to relieve her symptoms?

- a. Discontinue her amlodipine
- b. Discontinue her levothyroxine
- c. Start loperamide 2mg every 4 hours as needed
- d. Taper off her donepezil

The correct answer is "D" taper off her donepezil. A recent review of the literature found that donepezil and other anticholinesterase inhibitors may produce small, short-lived improvements in cognitive function in mild to moderate dementia which may not produce clinically meaningful effects particularly in severe disease, long-term treatment, and advanced age. Given the risk of side effects including vomiting, nausea, anorexia, diarrhea, and syncope the risks of treatment may outweigh the benefits. Answer "A" to discontinue her amlodipine is incorrect because discontinuing amlodipine would likely have less of an impact on her vomiting, anorexia, and diarrhea as amlodipine is more commonly associated with adverse effects such as constipation, lower extremity edema, and fatigue. Answer "C" start loperamide is incorrect as it is preferable to discontinue offending medications with limited efficacy when possible over adding additional medications. To help facilitate emotionally charged discussions regarding medication discontinuation during transitions of care please see the attached Turning Points: Mastering Transitions in Care.

Literature cited: Buckley JS, Salpeter SR. A risk-benefit assessment of dementia medications: systematic review of the evidence. *Drugs Aging*. 2015;32(6):453-467.

Case 2

Mr. Banks is a 60-year-old man with hypertension, anemia, and hypothyroidism admitted to hospice with chronic osteomyelitis secondary to chronic T-10 paraplegia resulting from a motor vehicle accident. He had multiple recent hospitalizations for sepsis/osteomyelitis and after extensive discussion with his medical team one month ago he opted to pursue hospice care. During a routine home hospice visit his family shares that he has experienced a rapid decline and has not had anything to eat or drink over the previous 48 hours with minimal urine output. His wife feels “overwhelmed” and feels that he needs additional support. He has intermittent grimacing which is well controlled with one mg of liquid hydromorphone prior to dressing changes. His nurse notes that his stage III decubitus ulcer on his coccyx has increased significantly from 11 cm x 7 cm x 2 cm to 14 cm x 9 x 3 cm over the past week with increased drainage requiring dressing changes at least 4 times daily.

Which of the following would be the most appropriate indication for general inpatient level of care in this situation?

- a. Caregiver support
- b. Poor prognosis/renal failure
- c. Complex wound care
- d. Pain management

The correct answer is “C” complex wound care. Patient with open wounds requiring “frequent skilled care” unavailable in the home setting are typically eligible for general inpatient level of care. Answer “A” caregiver support would qualify the patient for respite care but is not an appropriate indication for inpatient level of care. Answer “B” poor prognosis/renal failure is not correct as patients must have symptoms that cannot be managed in another setting. This even includes patients that are actively dying without significant symptoms. Answer “D” pain is incorrect as this patient’s pain is being controlled with the oral hydromorphone and does not require further evaluation by a physician.

Literature cited: General Inpatient Care. Medicare Benefit Policy Manual (CMS Pub. 100-02) Ch. 9 §40.1.5. 1 December 2018.

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