

Stroke and Coma, Parkinson's Disease and Multiple Sclerosis



Incidence of neurological disease

More than 600 disorders afflict the nervous system, according to the National Institutes of Health (NIH). The NIH estimates neurological disorders strike 50 million Americans each year.¹

The most common neurologic conditions generally fall into one of four categories: dementia, stroke or coma, amyotrophic lateral sclerosis (ALS) and non-ALS neurologic disorders. The National Hospice and Palliative Care Organization estimates nearly 20 percent of the 1.5 million patients who received hospice services in 2012 had a neurologic condition.²

How can hospice help?

With the assistance of hospice, individuals in the final stages of any neurologic condition can enjoy a better quality of life, with their symptoms managed. VITAS helps relieve suffering, provide comfort, promote dignity and facilitate closure for patients and families.

The hospice plan of care addresses the patient's physical and psychosocial wellbeing, and seeks to manage a wide variety of symptoms, including:

- Shortness of breath; respiratory dysfunction
- Pain resulting from stiff joints, muscle cramps, involuntary muscle contractions and pressure on skin and joints caused by immobility



- Skin care issues
- Difficulty swallowing
- Impaired hydration and nutrition
- · Difficulty communicating
- Depression or anxiety

Hospice care for stroke

In the case of stroke, if there is no improvement in neurological functioning after three days, the chance of full recovery is not promising. Therefore, the criteria for hospice care for a sudden (acute) stroke are that a person must have one of the following conditions for at least three days:

- Coma
- Persistent vegetative state
- Severely reduced level of consciousness

Some patients survive a stroke and the acute hospitalization that follows, but later experience a continuous decline in clinical or functional status. These patients suffer from what is called chronic stroke or cerebrovascular disease, and should be evaluated for hospice.

Hospice care for coma

While in a coma, the body continues to change and, in many cases, break down. A patient should be evaluated for hospice if his or her condition deteriorates in spite of artificial nutrition and hydration or if the family or other designated caregiver decides the patient will not be supported by feeding tubes.

All hospice organizations are reimbursed in the same way, so they do not compete on cost. It is the quality of service and spectrum of choices that differentiate one hospice from another.

¹National Institute of Neurological Disorders and Stroke. "NINDS Overview." Web. http://www.ninds.nih.gov/about_ninds/ninds_overview.htm. Accessed July 23, 2014. ²NHPCO Facts and Figures: Hospice Care in America. Alexandria, VA: National Hospice and Palliative Care Organization, October 2013. The VITAS team is dedicated to keeping the individual as comfortable as possible, preventing symptoms of thirst and providing preventive skin care. In addition, medications may be administered to treat pain, shortness of breath, lung congestion, fever or any other problematic symptoms.

Hospice care for non-ALS neurologic disorders

In neurologic disorders such as Parkinson's disease and multiple sclerosis, there are two criteria that usually qualify a person for hospice care: a significant compromise in breathing and/or swallowing.

Other factors support the need for hospice care, such as "rapid disease progression," which is defined as the development of severe neurologic disability over a 12-month period. It is characterized by:

- Progression from independent ambulation to wheelchair or bed-bound status
- Progression from normal to barely intelligible or unintelligible speech
- Progression from normal to pureed diet
- Progression from independent eating, toileting and dressing to needing major assistance with these tasks

Anyone can inquire about hospice services. You, your loved one or your physician may contact VITAS to request an evaluation to see if hospice is an appropriate option for care.

Who pays for VITAS services?

VITAS accepts Medicare, Medicaid/Medi-Cal, private insurance and other forms of reimbursement for its hospice services.

VITAS Healthcare can help. Call us at 800.723.3233 or visit VITAS.com

Levels of hospice care

A pioneer in the field of end-of-life care, VITAS is proud to offer unsurpassed service across all four levels of hospice care:

- Routine Home Care—available wherever the patient calls home (residence, nursing home, assisted living community)
- Intensive Comfort Care® (continuous care)—
 medical management in the home for up to 24
 hours per day when medically appropriate
- Inpatient Care—when medical needs cannot be managed at home
- Respite Care—allows the patient a brief inpatient admission to provide caregivers a "respite"

Your VITAS care team

Because patients who have neurological diseases and disorders have a broad range of needs, their care is coordinated by a highly trained interdisciplinary team:

- Physician who works with the patient's primary care physician in controlling pain and symptoms
- Registered nurse who is skilled in assessing and managing pain
- Social worker who provides emotional support and helps with financial issues and planning
- Hospice aide who can help with personal care and hygiene, light housekeeping, light laundry and occasional shopping
- Chaplain who works with the patient's own clergy and offers spiritual support
- Community volunteer trained by VITAS to offer time and companionship
- Bereavement specialist who offers grief and loss support and helps with memorial services and other care for loved ones

Download Our Free Hospice Discussion Guide



- Make the right decisions for you and your loved ones
- Get answers to your hospice questions
 - Learn how to start the hospice conversation

Find out more at HospiceCanHelp.com

For more information call 800.723.3233

VITAS.com



