Do your advanced cardiac patients and their caregivers need extra clinical and emotional support? Is your patient making frequent ER visits, suffering shortness of breath and or extreme fatigue? **Alive’s hospice care may be able to help.**

Patients and their families *frequently* tell us they wish they had known about this benefit sooner because the added support of an interdisciplinary team hugely *improves quality of life* for the whole family.

“The healing begins for the person and family when hospice comes in. Having skilled professionals attending to mom’s every need was humbling. But they were so good at it, they allowed us to relax and just be a family again, which is what we needed most.”

- Son of a former Alive patient

**Not just hospice, Alive Hospice**

- We partner with you to provide greater support to your patients and their loved ones
- More than 90% of patients receive care in their own homes
- Two residences for when caregivers need a respite or when required for symptom management
- Doctors and a pharmacist on staff to manage complex medication needs
- 24/7 Support at home with Henry Hooker Alive Connect: patients and caregivers can consult with a nurse immediately via an Alive iPad

**Support for Advanced Cardiac Patients and Their Loved Ones**

AliveHospice.org | 615-327-1085

We provide loving care to people with life-threatening illnesses, support to their families, and service to the community in a spirit of enriching lives.
These signs of advanced cardiac disease may make your patient eligible for the hospice benefit, including symptom management, emotional/spiritual care, and support for caregivers/loved ones.

- Frequent hospitalizations/ER visits
- Missed appointments
- Frequent office calls
- Shortness of breath
- Extreme fatigue, cannot manage daily life tasks
- Fluid overload
- Wasting/lack of appetite

Patients with advanced heart disease are generally eligible for hospice care when they reach stage IV heart failure as classified by the New York Heart Association (NYHA): “Unable to carry on physical activity without discomfort. Signs/symptoms of heart failure or anginal syndrome are present at rest. If any physical activity is undertaken, discomfort is increased.”

- Documented ejection fraction of 20% or less
- Treatment-resistant arrhythmias
- Syncopal episodes (related to heart disease or with no clear etiology)
- Life-limiting comorbidities (e.g. COPD, strokes, HIV disease)

**Cardiac Disease Plan of Care:**
Plans of care are developed with the patient’s current physicians and are individualized for each patient based on their wishes, symptoms, and the needs of the caregiver/family.

**What To Look For**

24/7 on call symptom management reduces ER trips and hospitalizations.

**Is my patient eligible for hospice care?**

**Symptom/Problem** | **Interventions**
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**Stress, despair, depression, anxiety in patient and/or their caregivers/loved ones** | Logistical and emotional support for patients and/or caregivers/loved ones from social workers, licensed counselors, chaplains, and volunteers

**Weakness/Fatigue** | Durable medical equipment to support energy conservation, teach energy management techniques, discuss patient’s wishes to identify most important tasks/goals, provide hospice aide support

**Lack of appetite/wasting** | Nutritional assessment. Education on disease impact on appetite, support to maximize caloric intake without overburdening cardiac system, support to manage fluid balance

**Shortness of breath** | Non-pain symptom management with medications, non-pharmacological techniques, educate family for support

**Chest pain** | Pain and cardiac symptom management including medications, educate family for symptom support needs

Contact __________________________ for more information or to make a referral.