Do your patients with cancer and their caregivers need extra clinical and emotional support? 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 Oncology Patients and Their Loved Ones

Alive is a 501(c)(3) charitable nonprofit. Alive is a trademark of Alive Hospice, Inc., and is registered in the United States Patent and Trademark Office.
These indicators of advanced disease may make your patient eligible for the hospice benefit, including symptom management, emotional/spiritual care, and support for caregivers/loved ones.

- Patient is too weak to continue treatments
- Patient states they just want to be comfortable
- They skip treatments because they are too sick
- They are unable to care for themselves
- Treatment won’t change the outcome of the disease
- Patient requests a “chemo vacation” or “drug holiday”

Contact __________________________ for more information or to make a referral.

Patients with a malignant disease are generally eligible for hospice care when their disease is advanced or metastatic; and the patient either chooses not to pursue disease-modifying therapies or is judged to no longer benefit from disease-modifying therapies. Other factors may influence the prognosis, and the following may make patients with cancer more clearly eligible for hospice care:

- Disease recurrence after initially successful therapy
- Hypercalcemia of malignancy
- Cachexia
- Prominent or treatment-refractory symptoms (pain, nausea, dyspnea)
- Diagnosis with certain poor-prognosis cancer cell types (e.g., tumors of the pancreas, non-small cell lung cancer, or primary brain cancer)

**Oncology 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.

**Symptom/Problem Interventions**

<table>
<thead>
<tr>
<th>Symptom/Problem</th>
<th>Interventions</th>
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<tbody>
<tr>
<td>Stress, despair, depression, anxiety and/or feelings of being a burden</td>
<td>Logistical and emotional support for patients and/or caregivers/loved ones from social workers, licensed counselors, chaplains, and volunteers</td>
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<tr>
<td>Weakness/Fatigue</td>
<td>Durable medical equipment (DME) to support energy conservation; teach energy management techniques; discuss patient’s wishes to identify most important tasks/goals; provide hospice aide support for activities of daily living</td>
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<tr>
<td>Pain</td>
<td>Expert pain management specific to the patient’s goals of care; medication management and non-pharmacological techniques</td>
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<tr>
<td>Nausea/Vomiting</td>
<td>Expert management of non-pain symptoms using medications and non-pharmacological techniques; Family education for support</td>
</tr>
<tr>
<td>Functional limitation for self-care</td>
<td>Hospice aide support for activities of daily living; maximizing living space, furniture and DME for optimal self-care and independence</td>
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24/7 on call symptom management reduces ER trips and hospitalizations.