

HEART DISEASE *care***Hospice for Heart Disease**

Reasons to choose OHC for Patients with Heart Disease

*Our Mission is to provide the highest level of comfort and care, honoring and respecting the dignity of each individual, and enhancing the quality of living at the end of life, under the guidance of Christian principles.*

To make a referral or for additional information call your local office or submit a request on our website  
[www.oklahomahc.com](http://www.oklahomahc.com)



**We develop individualized plans of care** – as patients with end stage heart disease progress they experience functional and physiological decline we will develop a POC that addresses pain, anxiety, hydration, nutrition, skin care, nausea, incontinence, weakness, psychological and assistance with ADLs - all common problems associated with heart

**We care for patients** wherever they call home –whether in their own home, a caregiver's home, a long term care facility or an assisted living community.

**We will coordinate** the individualized plan of care with the advice and consent of the patient's physician. The case manager will ensure that information flows between all physicians, nurses, social workers, aides, volunteers, and, if appropriate, clergy.

**We will supply** all medications, medical supplies and medical equipment related to the diagnosis to ensure patients have everything they need.

**We will support** the patient as well as the family emotionally and spiritually providing the resources to help both maintain their emotional and spiritual well-being.

**We will train** the caregiver on how to provide basic care to ensure the patient is comfortable and safe in the home. As the patient gets weaker, symptoms increase and communication becomes more difficult, we educate on how to best continue care.

**Hospice Criteria for Patients with Heart Disease**

(Coronary Disease and Congestive Heart Failure- CHF)

**1 and 2 should be present; documentation of 3 - 7 will lend supporting documentation:**

1. Has the physician verified that the patient is on optimal vasodilator and iuretic therapy?
2. Does the patient have an ejection fraction of <20% or Class IV symptoms at rest?
3. History of cardiac arrest (in any setting)
4. History of unexplained syncope
5. History of embolic CVA
6. Concomitant HIV disease
7. Symptomatic supraventricular or ventricular arrhythmia poorly controlled by medical therapy

[heart.oklahomahc.com](http://heart.oklahomahc.com)

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