



LIVER DISEASE *care*

Hospice for Liver Disease

Reasons to choose OPHC for Patients with Liver 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.

We develop individualized plans of care – as Liver Disease progresses, patients experience a pattern of functional and physiological decline. We will develop a POC that addresses ascites, bleeding, anxiety, pain, weakness, weight loss, nutrition, hydration, skin care, diarrhea, shortness of air, decreased ability to do ADLs and psychological needs - all common problems associated with Liver Disease.

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 Liver Disease

DIAGNOSIS OF LIVER DISEASE (should have 1, 2, and 3)

1. Prothrombin time prolonged more than 5 seconds over control or INR > 1.5
2. Serum albumin < 2.5
3. Has clinical indicators of end stage liver disease – at least one of the following:
 - ♦ Ascites
 - ♦ Refractory to sodium restriction & diuretics
 - ♦ Patient non-compliant
 - ♦ Hx of spontaneous bacterial peritonitis
 - ♦ Concomitant elevated creatinine and BUN or oliguria < 400cc/day
 - ♦ Hepatic encephalopathy
 - ♦ Decreased awareness
 - ♦ Asterixis
 - ♦ Sleep disturbance
 - ♦ Stupor
 - ♦ Depression
 - ♦ Coma
 - ♦ Somnolence
 - ♦ Slurred speech
 - ♦ Recent variceal hemorrhage
 - ♦ Malnutrition/muscle wasting/reduced strength or endurance
 - ♦ Hepatocellular carcinoma
 - ♦ HBsAg positive
 - ♦ Hepatitis C refractory to interferon Rx

liver.oklahomahc.com

To make a referral or for additional information call your local office or submit a request on our website
www.oklahomahc.com

