Hospice Case Study: Hypertensive Heart Disease

For patients with heart disease, our hospice care provides customized plans of care and palliation, with a focus on early identification of emerging symptoms for clinical interventions and hospitalization reduction. We work to keep patients where they want to be – at home – with the level of care needed for optimal outcomes.

Mr. K was admitted to our company's hospice service with a primary hospice Dx of Hypertensive Heart Disease with Heart Failure. His past medical history includes aphasia secondary to cerebral infarct, abnormal weight loss, GERD, HDL, prostate cancer, BPH, recurrent falls, and UTIs. He resides in an assisted living facility.

At the time of his hospice admission, Mr. K was PPS 30%, bedbound, dependent on facility staff for all transfers, and required assistance with most ADL self-care. He had reduced PO intake with increased daytime somnolence, sleeping approximately 18-20 hrs./day. His medication regimen upon admission included Tramadol and Gabapentin for pain management, Amlodipine and Carvedilol for cardiac disease, and Senna-S for bowel management. He had Mirtazapine ordered for management of insomnia, but often refuses treatment.

At the start of hospice care, the patient's plan of care included aide and RN visits 2x week, with chaplain and social worker visits 1x month. During the initial 90 day benefit period, Mr. K developed increased weakness and decreased mobility with worsening hygiene, requiring aide visits to be increased to 3x week. He was treated for a respiratory infection with oral antibiotics while remaining on routine home care.

Mr. K required frequent alterations and titrations in his bowel medication regimen for onset of constipation. He continued to have increased weakness and dependence in care, requiring aide visits to be increased from 3x week to 5x week. He was treated for another upper respiratory infection with oral antibiotics while on routine home care. His respiratory status worsened, developing baseline hypoxia on RA. Mr. K would have benefitted from supplemental O2 for palliation, but refused treatment.

As the patient's disease progressed he continued to receive palliative care. He was treated for a UTI with oral antibiotics while on routine home care. He continued to have chronic constipation, requiring frequent dose titration of Lactulose for optimal management. Due to his inability to perform ADL self-care, he continues aide visits 5x week.

Throughout the course of his hospice care, Mr. K has received optimal palliative care while remaining on routine home care level of care, avoiding hospitalizations and aggressive treatment measures.

Contact us to begin the hospice conversation or to address specific questions regarding hospice care for patients with Heart Disease. We Are Here.

Our Care Matters

- Mr. K's hospice care is provided in the assisted living facility where he resides.
- Our commitment to clinical excellence allows Mr. K's symptoms to be managed where he wants to remain – at home.
- Personal care visit frequency increases as necessary to meet his ADL assistance needs.
- Mr. K sometimes refuses treatment; Patient choice is always honored.

When Life Matters Most

- As the patient's disease progressed, Mr, K's plan of care increased frequency of visits to maintain patient comfort.
- Early identification of respiratory symptoms allows for improved clinical outcomes.
- Early interventions with symptom management for UTI and bowel issues prevent hospitalizations or unnecessary changes in level of care.