COLORADO
Palliative & Hospice Care

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COLORADO SPRINGS
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ALS

ALS*care*

Your In-Home Care Experts

Hospice for ALS Patients

Reasons to choose Colorado Palliative & Hospice Care for ALS Patients

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.

INDIVIDUALIZED CARE PLANNING

We develop individualized plans of care as Amyotrophic Lateral Sclerosis (ALS) progresses, patients experience functional and physiological decline. We will develop a POC that addresses anxiety, weakness, shortness of air, nutrition, hydration, skin care, recurrent infections, pain, incontinence, psychological and assistance with ADLs - all common problems associated with ALS.

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.

ALS HOSPICE CRITERIA

Amyotrophic Lateral Sclerosis (ALS)
Should have 1 or 2 and 3 or 4

1. Progression of decline in the last 12 months – must have all:
   - From independent ambulation to w/c or bed bound
   - From normal to pureed diet
   - From normal to barely intelligible speech
   - From independent to assisted ADLs
2. Critically impaired ventilatory capacity – must have all:
   - Vital capacity less than 30% of predicted (if available)
   - Significant dyspnea at rest
   - Supplemental oxygen required at rest
   - Mechanical ventilation refused
3. Critical nutritional impairment – must have all:
   - Chronic dehydration
   - Weight loss
   - Oral intake insufficient and arterial feeding refused
4. Life threatening complications – must have one:
   - Recurrent aspiration pneumonia
   - Sepsis
   - Multiple stage 3-4 decubitus ulcers
   - Fever recurrent after antibiotics

www.coloradophc.com

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