

How to Know When to Call Hospice

Important conversations about hospice should occur at the same time people develop other plans for end-of-life care. Some patients and their families seek aggressive medical care as long as possible, while others decide what limits they desire. These discussions and decisions include a Healthcare Power of Attorney, Advanced Directives and whether to enact a Do Not Resuscitate (DNR) order.

1. A Checklist Assists Deciding The Right Time for McLeod Hospice

It may be time to consider hospice, when:

- Your doctors tell you that they cannot cure your disease.
- Your doctor determines that your life expectancy is six months or less, if your illness runs its normal course.
- Treatment to prolong your life becomes too much of a burden.
- You seek relief from pain and discomfort.
- You want to spend your remaining time in the comfort and safety of your home.
- Your family and friends want to participate in your care.

2. Hospice Care Starts With a Referral, Leading to Admission

The needs of the patient and the recommendation of the patient's physician form the basis for admission to McLeod Hospice. Family, friends, physicians, hospitals, nursing homes or other healthcare agencies can make the initial referral to McLeod Hospice by calling 843-777-2564 (Main Office-Florence), 843- 366-2028 (for Horry County), toll-free 800-768-4556.

Patients appropriate for hospice care at home meet the following criteria:

- A physician must certify that their disease is incurable and has a prognosis of 6 months or less.
- The hospice medical director must also reach the same decision.
- Seeking care based on comfort (also known as palliative care), rather than cure.
- Once admitted to McLeod Hospice, a qualified hospice nurse visits with the patient and their family to discuss hospice services, assess the needs and initiate the plan of care.

3. Developing the Plan of Care

At the time of the patient's Admission, the McLeod Hospice Care Team works with the patient and their family to develop a plan of care. This plan reflects the needs of each patient and the recommendations of the patient's physician. The patient and family review the plan, which can be updated, if the patient's condition changes. The plan includes:

- Physical care
- Personal care and comfort
- Spiritual needs
- Psychosocial needs

4. When Might a Patient Be Discharged or Transferred

A discharge or transfer from hospice may occur in the following situations:

- A change in the level of care needed by the patient.
- The patient moves out of our service area.
- The patient decides to seek aggressive, curative care.
- The patient no longer desires hospice care.
- The patient is no longer terminally ill.

5. Help Your Family Know What You Want

For more information on palliative care and hospice, visit these two sources:

- National Hospice & Palliative Care Organization ([NHPCO](#))
- South Carolina's [Office of Aging](#) offers information and forms for creating a living will and advanced directives.