

Hospice for HIV/Aids Patients

Reasons to choose Missouri Palliative & Hospice Care for HIV/Aids 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 HIV/Aids progresses, patients experience functional and physiological decline, we will develop a POC that addresses anxiety, pain, weight loss, skin care, bleeding, difficulty in swallowing, weakness, diarrhea, edema, recurrent infections, decreased ability to do ADLs, nutrition, hydration, memory loss, shortness of air, and psychological needs—all common problems associated with HIV/Aids.

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.

HIV/AIDS HOSPICE CRITERIA

Diagnosis of HIV/Aids

Should have 1 and at least one of 2

1. Is the CD4 count < 25 or persistent viral load of > 100,000?
2. Life threatening complications
 - ◆ CNS lymphoma
 - ◆ Progressive multifocal leukoencephalopathy
 - ◆ Cryptosporidiosis
 - ◆ Wasting syndrome (>33% lean mass lost)
 - ◆ MAC bacteremia, untreated
 - ◆ Visceral Kaposi's sarcoma, unresponsive to Rx
 - ◆ Toxoplasmosis, unresponsive to Rx
 - ◆ Systemic lymphoma, unresponsive to Rx
3. Poor prognosis indicators
 - ◆ Chronic persistent diarrhea for one year
 - ◆ Persistent serum albumin < 2.5
 - ◆ Concomitant substance abuse
 - ◆ Age greater than 50
 - ◆ Decision to forego antiviral therapy
 - ◆ Congestive heart failure, NYHA Class IV after antibiotics

HIV