KANSAS
Palliative & Hospice Care

Shawnee
(913) 353-6525 Office
(888) 510-6002 Fax

www.info@kansashc.com

www.kansashc.com

HEART

HEART DISEASE*care*

Your In-Home Care Experts

Hospice for Heart Disease

Reasons to choose Kansas Palliative & Hospice Care for Patients with Heart 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.

INDIVIDUALIZED CARE PLANNING

We develop individualized plans of care as patients with end stage heart disease progress they experience functional and physiological decline we will develop a POC that addresses pain, anxiety, hydration, nutrition, skin care, nausea, incontinence, weakness, psychological and assistance with ADLs - all common problems associated with heart 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.

HEART DISEASE HOSPICE CRITERIA

Coronary Disease and Congestive Heart Failure/CHF

1 and 2 should be present; documentation of 3 - 7 will lend supporting documentation

1. Has the physician verified that the patient is on optimal vasodilator and diuretic therapy?
2. Does the patient have an ejection fraction of <20% or Class IV symptoms at rest?
3. History of cardiac arrest (in any setting)
4. History of unexplained syncope
5. History of embolic CVA
6. Concomitant HIV disease
7. Symptomatic supraventricular or ventricular arrhythmia poorly controlled by medical therapy

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6828 Silverheel St.
Shawnee, KS 66226

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