

Pulmonary Disease

REQUIRED:

Dyspnea with minimal exertion

Decreased functional capacity with evidence of one of the following:

- Spends most of the day in a chair or bed, often arrives in wheelchair to office visits
- Fatigue with minimal exertion — need to rest during or after showering/bathing
- Exhausted from cough
- Evidence of pursed lip breathing with conversation
- Tripod positioning, evidence of pressure sores on elbows
- Increasing somnolence
- Difficulty completing a meal due to dyspnea

NOT REQUIRED but supporting:

- FEV1 <30% if COPD; DLCO < 40 if Pulmonary Fibrosis
- Poor response to bronchodilators or use is frequent (\geq QID use)
- Steroid and oxygen dependent:
 - Requires frequent oral steroid doses (monthly)
 - Develops exacerbation with attempts to wean steroids
- Hypoxia at rest (PO₂ <55mmHG/sat 88%) or Hypercapnia pCO₂ >50mm HG in last 3 months
- Have co-morbid disease that makes dyspnea worse and episodic (CHF, ESRD, anemia, CAD, morbid obesity, OSA, restrictive disease)
- Progressive dementia:
 - Changing goals of care by family
 - Now unable to use MDIs
- Frequent clinic, ED or hospital visits for respiratory infections; respiratory failure in the last 12 months
- Evidence of Cor pulmonale
- Unintentional weight loss of >5% in past six (6) months
- Resting tachycardia
- Increasing anxiety/fearfulness/air hunger and hopes to avoid more hospital care
- Still smoking