

Pre-Admission Transitional Care Referral Screen Contingency/Crisis Operations

Purpose: A brief standardized referral screening tool to supports information gathering, thought process, and informed-decision making during Contingency or Crisis phase of Swing Bed/Transitional Care operations.

Staff Completing Screen/Date:	Patient MRN:	Date/Time of Referral:
Patient Name:	DOB/Age:	Gender:
Active Healthcare Power of Attorney or Guardian:		
Referral facility, contact name, phone #:		
Primary Physician/Contact Info:		
Other providers following patient/Contact info:		

TRANSITIONAL CARE BASICS

Primary referral diagnosis:	
Additional diagnoses requiring care:	
COVID-19 Known Exposure <input type="checkbox"/> Yes <input type="checkbox"/> No Respiratory or gastro-intestinal symptoms or fever? <input type="checkbox"/> Yes <input type="checkbox"/> No Test Pending <input type="checkbox"/> Yes <input type="checkbox"/> No Date: Positive Results Obtained <input type="checkbox"/> Yes <input type="checkbox"/> No Date:	
Non-COVID-19 infectious processes/precautions:	
Acute care admission date:	Date of surgery (if applicable):
Primary Insurance: <input type="checkbox"/> Medicare <input type="checkbox"/> Other:	Secondary Insurance:
<i>Verify patient meets CMS or other payer requirements. Requirements may change at any time, refer to most current.</i>	
Skilled Nursing or Therapy needs (direct care, teaching, management/evaluation, observation/assessment)	
Code Status:	Residence prior to Acute Care stay:
Family/support system:	
Anticipated discharge disposition and length of stay:	
<i>Ensure patient and family aware of any expected financial responsibilities for stay. Refer to most current payer guidance.</i>	

NURSING/GENERAL PATIENT CARE

Vital signs stable? <input type="checkbox"/> Yes <input type="checkbox"/> No	Abnormal respiratory assessment findings:
Supplemental O2 Use:	O2 Saturation Trends/Suctioning/Other Needs:
Non-Invasive Positive Pressure Ventilation (NPPV) Device Brand and Model:	
NPPV interface Brand/Style:	NPPV Settings CPAP: NPPV Settings Bi-Level: /
Nebulized/inhaled medications:	Alcohol/drug use:

Allergies/Interactions-Medication:	Food:
Current Height: cm Current Weight: kg	
Abnormal labs and ongoing lab monitoring needs:	
General mental status/suicide concerns:	
Safety Concerns (fall risk, recent falls, confusion, poor use of call light, restraints or 1:1 care for behaviors):	
IV Infusions/Doses/Routes/Duration of infusions/Length of treatments:	
Skin concerns, treatment plan and needed supplies (wounds, future debridement needs and plan, preventive strategies in use, ostomies, etc.):	
Other nursing considerations:	

REHAB THERAPY

Therapy type (PT/OT/ST) and schedule:
Can patient move in bed and sit up on edge of bed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Number of staff required to get patient up out of bed, to ambulate, etc.:
Special equipment (walker, braces, etc.) and who will provide:

NUTRITION

Diet and special nutritional concerns/Enteral nutrition/Total parenteral nutrition:
Swallowing/aspiration concerns, or documented swallow evaluation?

COORDINATION AND MITIGATE RISKS

<i>Verify all needed patient care supplies, equipment, and medications are available at your facility by time of patient arrival.</i>
Transportation arrangements and provider contact info:
Follow Up Appointments/Follow-up Plan:
Ask referring team, "In your opinion, what is the greatest risk for harm or acute readmission for this patient?":
"Is there any additional information that I need to know to make sure we can safely care for this patient and family?":