

Room: _____ Name: _____ Age: _____ Admit Date: ____ / ____ / ____ LOS _____

Admit Dx: _____ Attending: _____ Living Status: _____

Baseline MS: _____ Fxn/Assistance: _____ Pmhx: _____

*Answer with y (yes) or n (no) for each row of days. Do not put N/A and do not skip any questions

Constitutional	Date	Date	Date	Date	Date	Comment
Major events over last 24 hours?						
Change in baseline Mental Status?						
On O2 support?						Trach ____ Vent ____ FM ____ N/C ____ NRB ____
Wean of oxygen support?						
Telemetry Monitoring to D/C?						
Any abnormal Vital Signs?						BP: ____/____ HR: ____ RR: ____ Sat %: ____
Any peripheral edema?						Pedal ____ Anasarca ____
IV/Vascular	Date	Date	Date	Date	Date	Comment
IV fluids to start/change/D/C?						NS __ .5NS __ D5 __ D5.5NS __ LR __ Other ____
Access to insert/change/D/C?						Periph IV __ PICC __ Central line __
Going home with IV access?						Periph IV __ PICC __ Central line __
IV meds to change to PO?						Abx __ Steroids __ Drips __ Pain __
Gastrointestinal	Date	Date	Date	Date	Date	Comment
GI access to insert/change/D/C?						NGT __ OGT __ PEG __
Advance current diet?						Clears ____ Puréed ____ Soft Mechanical ____ Reg. ____
Bowel Sounds Present?						
Passing Flatus?						
BM within last 24 hours?						
Genitourinary	Date	Date	Date	Date	Date	Comment
Insert, change or D/C a Foley?						French #: ____
Going home with a Foley?						

Skin Integrity	Date /	Date /	Date /	Date /	Date /	Comment
Skin integrity issues?						Sacral Decubitus____ Other_____
Wound Care Consult to order?						Wound Vac____ Other_____
Lab/Imaging/Procedures	Date /	Date /	Date /	Date /	Date /	Comment
Blood work to order?						CBC__ Chem__ Coag__ Enzymes__ Other_____
Lab results pending?						CBC__ Chem__ Coag__ Enzymes__ Other_____
Imaging Studies to order?						XR____ CT____ U/S____ MRI____ Other_____
Imaging Reports pending?						XR____ CT____ U/S____ MRI____ Other_____
Procedures to be done or ordered?						1. _____ 2. _____ 3. _____
Procedure Reports pending?						1. _____ 2. _____ 3. _____
Consults	Date /	Date /	Date /	Date /	Date /	Comment
MD consults to order?						Service: _____ Service: _____
MD Consult Reports pending?						Service: _____ Service: _____
PT/OT or SLP consult to order?						PT/OT____ SLP____
PT/OT or SLP Reports pending?						PT/OT____ SLP____
Increase activity/mobility?						BR__ OOB__ BTC__ Asst. Ambo__ Other_____
Discharge Readiness	Date /	Date /	Date /	Date /	Date /	Comment
Going home when discharged?						Alone__ Family/Friend__
Home Services to set-up?						Skilled Services__ DME__ IV Infusion__ Home O2__
Going to a SNF when discharged?						SNF/SA rehab__ Acute rehab__ Group__ Assisted__
"Face to Face" done?						
Core Measures to address?						SCIP__ CHF__ Pne__ VTE prx__ Vaccines__ Smoke__
Educational Needs to address?						Diabetic__ Foley Care__ Cardiac__ Other_____
D/C discussed with the parties?						Patient__ Family__ SNF__ Other_____
Refer to Care Transition Coach?						Transitions Coach Name: _____
Anticipated Discharge	Date /	Date /	Date /	Date /	Date /	Comment
Transfer to lower Level of Care?						Stepdown__ Tele__ Med.Surg__ Rehab__ Other__
Will leave in less than 24 hrs?						