

 ***DISCHARGE RISK ASSESSMENT - to be completed at 2 days prior to discharge*** 

**NOTIFY AGENCIES UPON COMPLETION:**

HOME HEALTH AGENCY NAME / NOTIFIED

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 SKILLED NURSING FACILITY NAME / NOTIFIED:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 HOSPICE NAME / NOTIFIED:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Called DATE/TIME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* FAX’d DATE/TIME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PCP NAME / NOTIFIED**:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Called DATE/TIME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* FAX’d DATE/TIME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OTHER COMMUNITY SERVICES NOTIFIED

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**COMPLETED BY: (Please Print)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE/TIME**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REFER TO HOME HEALTH:**

* Observation and assessment
* Teaching & training
* Performance of skilled treatment of procedure

Management & evaluation of client care plan following an acute episode

AND/OR

* Physical, Occupational &/or Speech therapy
* Medical social work
* Home health aide service for personal care and/or therapeutic exercises

**REFER TO A SKILLED**

**NURSING FACILITY or HOSPICE:**

The patient has end-stage/life-limiting conditions

**AND** at least one of the following

* Recent impaired nutritional status, as evidenced by unintentional weight loss of ≥ 10% over the last 6 months or serum albumin < 2.5
* Recent decline of functional status (Karnofsky score of <50)
* Unrelieved physical symptoms that are difficult to manage
* Poor response to optimal treatment
* Frequent ED visits and/or hospitalization
* **Patient is considered terminally ill when the medical prognosis is such that the individual life expectancy is 6 months or less if the illness runs its normal course\*\***

**\*\* AUTOMATIC HOSPICE REFERRAL**

**CHECK ALL THAT APPLY**

* Lives at home with limited or no community support
* Requires assistance with medication management
* Polypharmacy (more than 7 medications)
* History of mental illness
* Issues with health literacy
* Requires assistance with ADLs/IADLs
* Cognitive impairment
* **End stage conditions**
* Diagnosis of CHF/COPD/DM/HIV-AIDS
* Incontinent
* Acute/chronic wound or pressure ulcer
* History of falls
* Decreased adherence to treatment plan
* Repeat hospitalization / ED visits
* Requires assistance with managing O2 and/or nebulizer

**Total # checked \_\_\_\_\_\_\_**

**Score ≥ 5 or**

The patient is **HIGH RISK** for re-hospitalization. Refer to Home care service, SNF, or Hospice.

**Score 2-4**

The patient is **MODERATE RISK** for re-hospitalization. Refer to Home care service prior to D/C.

**Score < 2**

The patient is **LOW RISK** for re-hospitalization. Discharge home.

Patient Sticker