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| **PATIENT INFORMATION**If possible request the entire medical record and not just the H&P or discharge summary for any external referrals. |
| Name and Age |
| Attending physician |
| Date of admission and reason for admission to acute care |
| Anticipated discharge date from acute care |
| Stated reason for admission to swing bed |
| Acute Care Stay* Surgical procedures
* Major complications or adverse events that occurred during the hospital stay
* Medications including IVs
* Nutritional status
* Functional status
* Continence
* Skin (including any skin breakdown)
* Wounds
* Mental status / Cognition
* Behavior
* Fall risk
* Ventilator weaning record (if applicable)
* Restraints during any point in hospital stay
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| Swing Bed Care Needs* IV Therapy
* Simple Wound Care
* Complex Wound Care
* Ventilator Weaning
* Teaching / Training
* Nutrition Deficit
* PT/OT to increase ADLs / Functional status
* Speech Therapy thru-out swing bed stay
* Swallow exam(s)
* Special Equipment (i.e., specialty bed, wound vac, etc.)
* Non-formulary medications
* Other (i.e., dialysis, etc.)
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| Prior Living Arrangements* Home
* Assisted Living
* Group Home
* Long Term Care
* Homeless
* Other
 | Anticipated Living Arrangements * Home
* Assisted Living
* Group Home
* Long Term Care
* No clear plan
* Other
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| Family support structure and willingness to accept Swing Bed admission |
| Payor authorization obtained if needed. If traditional Medicare, benefit days are available. |
| **MEDICARE CRITERIA** |
| The patient requires skilled nursing or skilled rehabilitation services |
| There is a physician order for skilled services |
| Services are for a condition for which the patient received inpatient hospital services or for a condition that arose while receiving care in a SNF for a condition for which he received inpatient hospital services |
| Services are required at least 7 days per week for skilled nursing |
| Rehab if required, is available at least 5 days per week |
| If Physical Therapy is required, it is available at the frequency and duration required by the patient |
| If Occupational Therapy is required, it is available at the frequency and duration required by the patient |
| If Speech Therapy is required, it is available at the frequency and duration required by the patient |
| As a practical matter, the daily skilled care can only be provided on an inpatient basis |
| The services are reasonable and necessary for treatment of the patient’s illness or injury |
| 3-Day inpatient qualifying stay within the last 30 days.  |