

Patient History LTCH

Date of Service: _____

☐ Late Entry

Reason for Admission: _____

Transferring Provider: _____

Consulting Provider: _____

Chief Complaint: _____

History of Present Illness: _____

Primary Admission Criteria

☐ Vent Wean☐ Respiratory Complex☐ Infectious Disease☐ Wound/Skin☐ Medically Complex☐ Cardio Vascular/Peripheral Vascular

Other: _____

Actively Treated Comorbid Conditions

☐ COPD and RR > 24☐ Alterations in skin integrity requiring complex wound care☐ Diabetes with unstable glucose☐ CHF: Symptomatic☐ Functional Impairment☐ Respiratory Insufficiency☐ Malnutrition☐ Vent Dependent or NIPPV☐ New onset symptomatic infection☐ Hepatic Insufficiency / Encephalopathy☐ Wound☐ DVT☐ Renal Insufficiency☐ Immunocompromised

Other: _____

Diabetes:

☐ Hypoglycemic☐ Hyperglycemic☐ With Ketoacidosis☐ Controlled☐ Uncontrolled☐ Insulin Dependent☐ Type I☐ Type II

Functional:

☐ Hemiplegia/Hemiparesis☐ Left☐ Right☐ Quadriplegia/Quadriparesis☐ Functional Quadriplegia☐ Dysphagia☐ Aphasia

Wounds:

Location(s): _____

☐ Pressure☐ Surgical☐ Deep Tissue Injury☐ Partial Thickness☐ Full Thickness

Other: _____

Cardiac:

☐ Heart Failure☐ Systolic☐ Diastolic☐ Acute☐ Chronic☐ Acute on Chronic☐ Cardiomyopathy☐ Pericarditis☐ Atrial Flutter☐ Atrial Fibrillation☐ Pericardial Effusion

Respiratory:

☐ Acute Respiratory Failure☐ Chronic Respiratory Failure☐ Pleural Effusion☐ Acute Pulmonary Edema☐ COPD☐ Pneumonia☐ Aspiration Pneumonia☐ CPAP/BiPAP☐ Trach/ET Tube

Neurological:

- ☐ Encephalopathy
☐ Coma

☐ Acute, Metabolic, Toxicity☐ Cerebral Edema☐ Anoxia

GI/Nutrition:

- ☐ Severe Malnutrition
☐ Peritonitis
☐ Chronic Pancreatitis

☐ Cachexia
☐ Ileus

☐ Gastroenteritis
☐ Post-Op

☐ Diverticulitis
☐ Acute Pancreatitis

Infections:

- ☐ MRSA
☐ Sepsis

☐ VRE
☐ Osteomyelitis

☐ HBV
☐ Cellulitis

Organism: _____
Organism: _____
Organism: _____
Organism: _____

Site: _____
Site: _____
Site: _____
Site: _____

Electrolyte Imbalance:

- ☐ Hyponatremia
☐ Hypokalemia

☐ Hypernatremia
☐ Hyperkalemia

Renal/Urologic:

- ☐ ESRD
☐ Acute Renal Failure

☐ UTI
☐ Chronic Renal Failure

☐ Ostomy
Stage: _____

Current or Past Surgical Procedures:

- ☐
- None

Surgery: _____
Date: _____
Comments: _____
☐ Add Additional

Current or Past Surgical Procedures:

Surgery: _____
Date: _____
Comments: _____
☐ Add Additional

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Date: _____

Comments: _____

☐ Add Additional

Current or Past Surgical Procedures:

Surgery: _____

Date: _____

Comments: _____

Past Medical History:

Past Surgical History:

Allergies:

Medications:

Diet:

Code Status:

Social History:

Family History:

Habits:

Local PCP:

Review of Systems

Review of Systems

GENERAL: _____

NECK: _____

EYES: _____

HENT: _____

RESP: _____

CV: _____

GI: _____

GU: _____

MSK: _____

SKIN: _____

ENDO: _____

NEURO: _____

EXTREM: _____

PSYCH: _____

HEMA/LYMPH: _____

OTHER: _____

Review of Systems Additional Comments:

Physical Examination

Temperature:

° F: _____ Site: _____

Comment: _____

Pulse:

B/min: _____ Position: _____ Site: _____ Type: _____

Comment: _____

Respirations:

Per Minute: _____ Vent: _____

Comment: _____

Blood Pressure:

Systolic (mmHg): _____ Diastolic (mmHg): _____ Position: _____ Side: _____

Comment: _____

Oxygen Saturation:

%: _____ Type: _____ Amount: _____ Unit: _____

Route: _____

Comment: _____

Blood Glucose:

mg/dL: _____

Comment: _____

Physical Examination

GENERAL: _____

NECK: _____

EYES: _____

HENT: _____

RESP: _____

CV: _____

GI: _____

GU: _____

MSK: _____

SKIN: _____

ENDO: _____

NEURO: _____

EXTREM: _____

PSYCH: _____

HEMA/LYMPH: _____

OTHER: _____

Physical Examination Additional Comments:

Labs / Diagnostic Studies

Labs:

	Result	Result	Result	Result
Date				
Na				
K+				
Cl				
CO2				
BUN				
Cr				
Glucose				
Ca				
Phosphorus				
Magnesium				
WBC				
RBC				
Hgb				
Hct				
Platelets				
PT/INR				
PTT				
AST				
ALT				
Alkaline Phosphate				
Albumin				
Total Protein				
Total Bilirubin				
CRP				
ESR				
TSH				
BNP				
HbA1c				
Ammonia				
Other Lab/Result				
Other Lab/Result				
Other Lab/Result				
Other Lab/Results				

Labs: (Cont.)

	Result
Date	
Na	
K+	
Cl	
CO2	
BUN	
Cr	
Glucose	
Ca	
Phosphorus	
Magnesium	
WBC	
RBC	
Hgb	
Hct	
Platelets	
PT/INR	
PTT	
AST	
ALT	
Alkaline Phosphate	
Albumin	
Total Protein	
Total Bilirubin	
CRP	
ESR	
TSH	
BNP	
HbA1c	
Ammonia	
Other Lab/Result	
Other Lab/Result	
Other Lab/Result	
Other Lab/Results	

Additional Labs/Bloodwork:

Urinalysis:

Date	Specific Gravity	pH	Urobilinogen	Micro	Glucose	Ketones	Bili

Urinalysis: (Cont.)

Blood	Nitrites	LE	Protein

Urinalysis Comments:

Cultures:

MRI:

Results/Dates/Notes:

MRA:

Results/Dates/Notes:

CT:

Results/Dates/Notes:

ECHO:

Results/Dates/Notes:

X-Ray:

Results/Dates/Notes:

Other:

Results/Dates/Notes:

Procedures/Lines:

Procedures:

Lines/Devices:

Impression/Plan

Impression/Plan:

Medical Prognosis:

- ☐ Good (anticipate managing medical conditions without interruption to intensive therapy plan)
- ☐ Fair (special prophylaxis required to mitigate elevated risks)
- ☐ Poor (High risk of unavoidable complications during this stay)

Estimated Length of Stay:

Discharge Plan

Addendum:

Physician Addendum:

Resident Addendum:

Pain & Admission Criteria

Does the patient have a complaint of pain?

- ☐ No, The patient does not currently have a complaint of pain, and no interventions are prescribed for treatment of pain (Pharmacologic or Non-pharmacologic)
- ☐ Yes - The pain assessment and management plan has been reviewed with the patient, including the realistic expectations of pain reduction, improvement of physical function and the safe-use of opioid and non-opioid medications.

Current Pain score and description

Pain Score (1 to 10): _____

Description of pain: _____

Pain Management Regimen (Pharmacologic and/or Non-pharmacologic):

Pain Management Goals

Admission Criteria

- ☐ The patient's clinical condition has been assessed, I concur with the PAA unless noted otherwise, and the patient is appropriate for Long Term Acute Care Hospital admission.

Scribe Attestation

Scribe Attestation:

- ☐ Documentation scribed by the individual below as dictated by the practitioner.

Scribe Name: _____

Practitioner Attestation:

- ☐ Information documented by the scribe accurately reflects the service I personally performed and the decisions made by me.