

HOSPICE ADMISSION CHECKLIST/ASSESSMENT

VITALS

WISHES

NEURO

CV

RESP

GI

GU

SKIN

SLEEP

HOSPICE ADMISSION CHECKLIST

Patient: _____ DOB: _____ Age/Sex: _____ Admit Date: _____ Provider: _____ Emergency Contact: _____ Emergency Contact #: _____		Diagnosis: _____ Comorbidities: _____ Allergies: _____ Spiritual Wishes: _____ Tradition: _____																																									
CERTIFICATION Resuscitation Status: <input type="checkbox"/> DNR <input type="checkbox"/> DNI <input type="checkbox"/> DNI <input type="checkbox"/> _____ Wishes: <input type="checkbox"/> Advanced Directive <input type="checkbox"/> Living Will <input type="checkbox"/> SPOA <input type="checkbox"/> _____ Prognosis: <input type="checkbox"/> Terminal Illness <input type="checkbox"/> Terminal Restlessness <input type="checkbox"/> Imminently Dying Level of Care: <input type="checkbox"/> Routine <input type="checkbox"/> Continuous <input type="checkbox"/> GIP <input type="checkbox"/> Respite Admitted From: <input type="checkbox"/> Home <input type="checkbox"/> SNF <input type="checkbox"/> ALF <input type="checkbox"/> Hospital <input type="checkbox"/> _____	Mortuary Name: _____ Mortuary #: _____		VITALS Time: _____ BP: _____ Weight: _____ SpO2: _____ SpO2: _____ Height: _____ HR: _____ Temp: _____ BMI: _____																																								
	NEUROLOGICAL <table border="1"> <tr> <th colspan="3">MENTAL STATUS & LOC</th> <th>ORIENTATION</th> <th>FAIR</th> <th>SPEECH</th> <th>CONDITIONS</th> </tr> <tr> <td><input type="checkbox"/> Awake</td> <td><input type="checkbox"/> Lethargic</td> <td><input type="checkbox"/> Anxious</td> <td><input type="checkbox"/> Person</td> <td><input type="checkbox"/> / M</td> <td><input type="checkbox"/> Clear</td> <td><input type="checkbox"/> Seizures</td> </tr> <tr> <td><input type="checkbox"/> Alert</td> <td><input type="checkbox"/> Restless</td> <td><input type="checkbox"/> Disoriented</td> <td><input type="checkbox"/> Place</td> <td><input type="checkbox"/> Location: _____</td> <td><input type="checkbox"/> Aphasia</td> <td><input type="checkbox"/> Paralysis</td> </tr> <tr> <td><input type="checkbox"/> Calm</td> <td><input type="checkbox"/> Confused</td> <td><input type="checkbox"/> Withdrawn</td> <td><input type="checkbox"/> Time</td> <td><input type="checkbox"/> Onset: _____</td> <td><input type="checkbox"/> Carotid</td> <td><input type="checkbox"/> Tremor</td> </tr> <tr> <td><input type="checkbox"/> Cooperative</td> <td><input type="checkbox"/> Agitated</td> <td><input type="checkbox"/> _____</td> <td><input type="checkbox"/> Situation</td> <td><input type="checkbox"/> Duration: _____</td> <td><input type="checkbox"/> Normal</td> <td><input type="checkbox"/> _____</td> </tr> <tr> <td><input type="checkbox"/> Forgetful</td> <td><input type="checkbox"/> Unresponsive</td> <td><input type="checkbox"/> _____</td> <td></td> <td><input type="checkbox"/> Quality: _____</td> <td><input type="checkbox"/> _____</td> <td><input type="checkbox"/> _____</td> </tr> </table>			MENTAL STATUS & LOC			ORIENTATION	FAIR	SPEECH	CONDITIONS	<input type="checkbox"/> Awake	<input type="checkbox"/> Lethargic	<input type="checkbox"/> Anxious	<input type="checkbox"/> Person	<input type="checkbox"/> / M	<input type="checkbox"/> Clear	<input type="checkbox"/> Seizures	<input type="checkbox"/> Alert	<input type="checkbox"/> Restless	<input type="checkbox"/> Disoriented	<input type="checkbox"/> Place	<input type="checkbox"/> Location: _____	<input type="checkbox"/> Aphasia	<input type="checkbox"/> Paralysis	<input type="checkbox"/> Calm	<input type="checkbox"/> Confused	<input type="checkbox"/> Withdrawn	<input type="checkbox"/> Time	<input type="checkbox"/> Onset: _____	<input type="checkbox"/> Carotid	<input type="checkbox"/> Tremor	<input type="checkbox"/> Cooperative	<input type="checkbox"/> Agitated	<input type="checkbox"/> _____	<input type="checkbox"/> Situation	<input type="checkbox"/> Duration: _____	<input type="checkbox"/> Normal	<input type="checkbox"/> _____	<input type="checkbox"/> Forgetful	<input type="checkbox"/> Unresponsive	<input type="checkbox"/> _____		<input type="checkbox"/> Quality: _____
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Hospice Documentation Audit Tool

Sylvia C. McKean



Hospice Documentation Audit Tool:

Embracing the Track of Expression: An Mental Symphony within **Hospice Documentation Audit Tool**

In a global eaten by displays and the ceaseless chatter of fast communication, the melodic elegance and emotional symphony created by the written term frequently fade in to the backdrop, eclipsed by the constant sound and disruptions that permeate our lives. However, located within the pages of **Hospice Documentation Audit Tool** an enchanting fictional treasure filled with fresh feelings, lies an immersive symphony waiting to be embraced. Constructed by a masterful musician of language, that charming masterpiece conducts visitors on a mental journey, well unraveling the hidden songs and profound impact resonating within each carefully constructed phrase. Within the depths of the poignant evaluation, we will examine the book is main harmonies, analyze its enthralling publishing style, and surrender ourselves to the profound resonance that echoes in the depths of readers souls.

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