

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"/> DNR <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>FAIM</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>____ / 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"/> Depressed</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 Withdrawn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	FAIM	SPEECH	CONDITIONS	<input type="checkbox"/> Awake	<input type="checkbox"/> Lethargic	<input type="checkbox"/> Anxious	<input type="checkbox"/> Person	____ / M	<input type="checkbox"/> Clear	<input type="checkbox"/> Seizures	<input type="checkbox"/> Alert	<input type="checkbox"/> Restless	<input type="checkbox"/> Depressed	<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

Robert R. Redfield



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