

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: ☐ DNR ☐ DNI ☐ DNR ☐ _____ Wishes: ☐ Advanced Directive ☐ Living Will ☐ SPOA ☐ _____ Prognosis: ☐ Terminal Illness ☐ Terminal Restlessness ☐ Imminently Dying Level of Care: ☐ Routine ☐ Continuous ☐ GIP ☐ Respite Admitted From: ☐ Home ☐ SNF ☐ ALF ☐ Hospital ☐ _____	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>☐ Awake</td> <td>☐ Lethargic</td> <td>☐ Anxious</td> <td>☐ Person</td> <td>____ / M</td> <td>☐ Clear</td> <td>☐ Seizures</td> </tr> <tr> <td>☐ Alert</td> <td>☐ Restless</td> <td>☐ Disoriented</td> <td>☐ Place</td> <td>☐ Location: _____</td> <td>☐ Aphasia</td> <td>☐ Paralysis</td> </tr> <tr> <td>☐ Calm</td> <td>☐ Confused</td> <td>☐ Withdrawn</td> <td>☐ Time</td> <td>☐ Onset: _____</td> <td>☐ Carotid</td> <td>☐ Tremor</td> </tr> <tr> <td>☐ Cooperative</td> <td>☐ Agitated</td> <td>☐ _____</td> <td>☐ Situation</td> <td>☐ Duration: _____</td> <td>☐ Normal</td> <td>☐ _____</td> </tr> <tr> <td>☐ Forgetful</td> <td>☐ Unresponsive</td> <td>☐ _____</td> <td></td> <td>☐ Quality: _____</td> <td>☐ _____</td> <td>☐ _____</td> </tr> </table>			MENTAL STATUS & LOC			ORIENTATION	FAIM	SPEECH	CONDITIONS	☐ Awake	☐ Lethargic	☐ Anxious	☐ Person	____ / M	☐ Clear	☐ Seizures	☐ Alert	☐ Restless	☐ Disoriented	☐ Place	☐ Location: _____	☐ Aphasia	☐ Paralysis	☐ Calm	☐ Confused	☐ Withdrawn	☐ Time	☐ Onset: _____	☐ Carotid	☐ Tremor	☐ Cooperative	☐ Agitated	☐ _____	☐ Situation	☐ Duration: _____	☐ Normal	☐ _____	☐ Forgetful	☐ Unresponsive	☐ _____		☐ Quality: _____
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Hospice Documentation Audit Tool

Victor M. Corman



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