

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 ☐ DNI ☐ _____ 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☐ Withdrawn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☐ Clear	☐ Seizures	☐ Alert	☐ Restless	☐ Disoriented	☐ Place	☐ Location: _____	☐ Aphasia	☐ Paralysis	☐ Calm	☐ Confused	☐ Withdrawn	☐ Time	☐ Onset: _____	☐ Carotid	☐ Tremor	☐ Cooperative	☐ Agitated	☐ _____	☐ Situation	☐ Duration: _____	☐ Normal	☐ _____	☐ Forgetful	☐ Unresponsive	☐ _____		☐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

Didier Musso



Hospice Documentation Audit Tool:

Enjoying the Beat of Appearance: An Psychological Symphony within **Hospice Documentation Audit Tool**

In some sort of eaten by monitors and the ceaseless chatter of instantaneous communication, the melodic elegance and psychological symphony developed by the prepared word frequently diminish in to the back ground, eclipsed by the constant noise and interruptions that permeate our lives. But, nestled within the pages of **Hospice Documentation Audit Tool** a marvelous fictional value brimming with raw thoughts, lies an immersive symphony waiting to be embraced. Constructed by a wonderful composer of language, that charming masterpiece conducts visitors on an emotional trip, well unraveling the concealed tunes and profound influence resonating within each carefully constructed phrase. Within the depths of this emotional evaluation, we can examine the book is main harmonies, analyze its enthralling writing fashion, and surrender ourselves to the profound resonance that echoes in the depths of readers souls.

<https://staging.conocer.cide.edu/results/Resources/Documents/Folkstories%20Of%20Children.pdf>

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