

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☐ Withdrawn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Clear	☐ Seizures	☐ Alert	☐ Restless	☐ Disoriented	☐ Place	☐ Location: _____	☐ Aphasia	☐ Paralysis	☐ Calm	☐ Confused	☐ Withdrawn	☐ Time	☐ Onset: _____	☐ Carotid	☐ Tremor	☐ Cooperative	☐ Agitated	☐ _____	☐ Situation	☐ Duration: _____	☐ Normal	☐ _____	☐ Forgetful	☐ Unresponsive	☐ _____		☐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

Lauren Gardner



Hospice Documentation Audit Tool:

Decoding **Hospice Documentation Audit Tool**: Revealing the Captivating Potential of Verbal Expression

In a period characterized by interconnectedness and an insatiable thirst for knowledge, the captivating potential of verbal expression has emerged as a formidable force. Its ability to evoke sentiments, stimulate introspection, and incite profound transformations is genuinely awe-inspiring. Within the pages of "**Hospice Documentation Audit Tool**," a mesmerizing literary creation penned with a celebrated wordsmith, readers set about an enlightening odyssey, unraveling the intricate significance of language and its enduring effect on our lives. In this appraisal, we shall explore the book's central themes, evaluate its distinctive writing style, and gauge its pervasive influence on the hearts and minds of its readership.

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