

# LTAC CONTINUED STAY AUTHORIZATION / \*DISCHARGE SUMMARY

Member Name: \_\_\_\_\_ HAP ID#: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
Currently Admitted to: \_\_\_\_\_ Admission Date: \_\_\_\_\_  
This progress report for dates of care: \_\_\_\_/\_\_\_\_/\_\_\_\_ through \_\_\_\_/\_\_\_\_/\_\_\_\_  
(month/day/year) (month/day/year)  
Person completing this form: \_\_\_\_\_ Telephone or Pager: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_  
Care Conference Date: \_\_\_\_\_ Family/relationship assisting with Plan of Care: \_\_\_\_\_  
PHYSICIANS: Attending \_\_\_\_\_ Consults \_\_\_\_\_

**A. DISCHARGE PLANNING UPDATE:** ANTICIPATED Discharge date: \_\_\_\_/\_\_\_\_/\_\_\_\_ \* ACTUAL Discharge Date : \_\_\_\_/\_\_\_\_/\_\_\_\_  
To:  Own Residence  Assisted Living  Sub Acute Rehab  
Referrals to ALOC (alternative level of care) in process Y or N Date initiated \_\_\_\_\_  
Barriers to Discharge \_\_\_\_\_  
Home Eval Date: \_\_\_\_\_ Findings: \_\_\_\_\_  
Education completed by member/family: \_\_\_\_\_  
Comments: \_\_\_\_\_

**B. CLINICAL STATUS:** Date \_\_\_\_\_ Temp \_\_\_\_\_ Pulse \_\_\_\_\_ RR \_\_\_\_\_ BP Range \_\_\_\_\_  
Cognitive Status: \_\_\_ Alert & Oriented x 3 \_\_\_ Alert & Oriented x 2 \_\_\_ Alert & Oriented x 1 \_\_\_ Not Alert  
\_\_\_ Lethargic \_\_\_ Combative \_\_\_ Responds to pain \_\_\_ Comatose  
Rancho Level \_\_\_\_\_ Glasgow Level \_\_\_\_\_ Progressing? Y N  
Behavioral Symptoms (new onset or increasing) \_\_\_\_\_  
Restraints: Y N Type: \_\_\_\_\_  
Restraints Discontinued on \_\_\_\_\_.

**C. RESPIRATORY STATUS: Vent Settings:** AC / IMV / CPAP TV \_\_\_\_\_ FI02% \_\_\_\_\_ PS \_\_\_\_\_ Peep \_\_\_\_\_  
O2 Device:  Vent  T-Bar  Trach  OT tube  Collar  Cannula  Mask  
BiPap setting \_\_\_\_/\_\_\_\_ FI02% \_\_\_\_\_ Date Vented \_\_\_\_\_ Date Trached \_\_\_\_\_  
Trach Size / Type \_\_\_\_\_  
Weaning: Y N Time/Method \_\_\_\_\_  
Reason NOT weaning \_\_\_\_\_  
Suctioning Frequency \_\_\_\_\_ Type/Color of Secretions \_\_\_\_\_ Pulse ox range \_\_\_\_\_  
Last ABG results: \_\_\_\_\_  
Last CXR results: \_\_\_\_\_

**D. GI/GU STATUS / NUTRITION:**  
Dialysis: (M, W, F) ( T, TH, S) \_\_\_ Hemodialysis \_\_\_ CAPD AV Fistula site \_\_\_\_\_ Quinton site \_\_\_\_\_  
FEEDING: \_\_\_ PO \_\_\_ NPO \_\_\_ PEG \_\_\_ PEJ \_\_\_ TPN \_\_\_ LIPIDS \_\_\_ SMALL BORE/DOBHOF \_\_\_ NGT  
Diet/Feedings/Supplements \_\_\_\_\_

Weight: Date/Lbs \_\_\_\_\_ \_\_\_ Loss \_\_\_ Gain Albumin/Pre Albumin \_\_\_\_\_ Date \_\_\_\_\_  
Swallow Study results: \_\_\_\_\_

Department of Inpatient Rehab and Skilled Nursing Team

**D. GI/GU STATUS / NUTRITION – ( continued ):**

**Bladder:** \_\_\_ Continent \_\_\_ Incontinent \_\_\_ Urostomy \_\_\_ SP Cath \_\_\_ Foley \_\_\_ Condom Cath  
Output: \_\_\_\_\_

**Bowel:** \_\_\_ Continent \_\_\_ Incontinent \_\_\_ Ileostomy \_\_\_ Colostomy \_\_\_ Fecal Incontinence Device  
Output: \_\_\_\_\_

**ABNORMAL LABS/Dates :**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**E. IV THERAPY:**

Type of line & location: \_\_\_\_\_

IV Medication (s) *(including dosage and frequency and duration :*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Isolation for: \_\_\_\_\_

Infectants: \_\_\_\_\_

**F. SKIN:**

\_\_\_ INTACT \_\_\_ NOT INTACT – *if not intact, please provide wound description and treatment or attach wound care notes*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**G. THERAPY:**

\_\_\_ OT \_\_\_ PT \_\_\_ SLP *(If receiving therapy, complete OT/PT functional status and/or Speech status forms and attach).*

**ANY ADDITIONAL COMMENTS / ISSUES / CONCERNS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_