ConceptRehab

SNF PRE-ADMISSION CHECKLIST

PURPOSE

Under PDPM, it is becoming increasingly significant to ensure you have accurate, complete and comprehensive medical records prior to and at the time of admission from an acute care entity. The below list helps ensure the right records are gathered to ensure a more seamless transition of care and to be able to have all information needed for PDPM.

PATIENT NAME			
Hospital Admission Date		Estimated SNF Admission Date	
Payor Type			
Primary Reason for SNF Stay			

HOSPITAL RECORDS

Reports

Significance: Obtaining diagnoses, medical history, surgical history, vaccination history, and care planning

	Obtained	Follow-Up Comments
History and Physical - emergency room	☐	
History and Physical - hospital admission	☐	
Discharge summary	☐	
Comprehensive diagnosis listing, surgical and immunization history	☐	
Physician orders for SNF care	☐	

Surgical Records

Significance: Determining primary clinical category

Surgical reports and consults from current stay and last 100 days	☐	

Consultation and Progress Reports

Significance: Obtaining diagnoses, medical history, infection control planning, wound etiology, discharge planning, and care planning

Consultation reports and progress from specialists	☐	
Infectious disease reports	☐	
Physician progress notes	☐	
Nurses notes	☐	
Wound care notes	☐	
Social service notes	☐	

Laboratory Reports

Significance: Obtaining diagnoses and care planning

All lab reports	☐	
Radiology Reports (including MRI/PET/CAT/Nuclear/Pathology)	☐	

Medication Records

Significance: Necessary look-back for IV fluids/nutrition provided in hospital, medication reconciliation, obtaining diagnoses, obtaining needed equipment and supplies, and care planning

Scheduled and PRN medication records	☐	
Respiratory records	☐	
Transfusion records	☐	
IV Medication/fluids/TPN/Tube feeding records	☐	

Therapy Records

Significance: Discharge planning and care planning

Physical Therapy records	☐	
Occupational Therapy records	☐	
Speech Language Pathology records	☐	