

Pearls on LTC Admission

- I. Transfer orders/ACH discharge orders become LTCF admission orders when you accept the patient and approve the orders.
- II. Once you accept the patient you must provide continuous coverage for the patient until he/she is discharged.
- III. Patients entering SNF must have had a 3-night ACH stay and have medical necessity for their LTCF SNF stay. Patient's entering LTC do not have the 3-night ACH stay requirement.
- IV. Admission orders should include the following:
 1. Admit to:
 2. Diagnosis:
 3. Code status (full code until otherwise determined)
 4. Vital signs (SNF vitals are taken every shift. Request that RA saturations are recorded and those O2 saturations are recorded for the amount of oxygen that is being delivered. Pain is considered the 5th VS.)
 5. Activity: (If weight bearing status has not been included on the transfer orders/DC orders, request that the nurses get this clarified. If in doubt, order out of bed with assistance only until clarification is available. Be aware if the patient is a 1 or 2-person assist if you help them with ambulating. Caution should be taken with cognitively impaired patients, i.e. tabs alarm, low bed, bedside mat, elopement precautions, etc.)
 6. Nursing: Include VS parameters when applicable. Ascertain if the patient has any lines or tubes and if present, clarify their indication. Address wound care treatment if the patient has wounds. If the patient is cognitively impaired and has a guardian, DPOA, or proxy ask that they be notified with appropriately indicated information.
 7. Diet:
 8. Medication: Provide associated medical indication. If behavioral meds are started or continued on patients, be aware that nurses and/or LTC pharmacists may call or request written responses to recommendations for weaning/discontinuing them. Order monitoring labs as indicated.
 9. Extras: Compliance and regulatory forms will need to be completed. These are usually faxed to you or placed in your communication books that are on each of the units. Be aware that physical and chemical restraints are not allowed in LTC and that appropriate measures as well as documentation must be included when certain practices are used in LTC. Always monitor for elder abuse and mistreatment and report as appropriately indicated.

10. Labs: Be aware that “stat” labs are usually the only labs drawn on the same day they are ordered. Most labs are drawn on the following day, Monday through Friday. X-rays and dopplers can be ordered for the same day or may be needed to be ordered as “stats”. Avoid EKGs unless you will be in the facility when the EKG is done or have fax capabilities.
11. Initial LTCF visits are made within a specified time, usually driven by state guidelines and/or prudent practice. It is recommended that the MD establish the patient’s general functional and cognitive baseline on the initial visit. Previous H&Ps and transfer/dc orders should be reviewed and initialed/signed as having been reviewed.
12. Federal guidelines mandate a visit every 30 days for the first 3 months then every 60 days after that. Of course, additional visits are also expected and paid for, if medically indicated.
13. In addition to a comprehensive soap note the following should be included in compliance notes:
 - a. Monthly weights
 - b. Diet intake and any problems with dysphagia
 - c. Reviewing pertinent labs and accuchecks.
 - d. ROS
 - e. Following up on previously made plans-of-care including progress in therapies and assessment of wounds. Reviewing the MDS is very helpful and recommended.
 - f. Medication review and simplification where possible
 - g. Reviewing orders written since the last visit is a good way to see what issues the patient has had since the last visit.
 - h. Reviewing nursing notes is important and recommended.
 - i. HCM (LTC NH patients). All patients should be offered the standard of care and negotiated/revised when palliative care and hospice care are deemed necessary.
14. Communication with the guardian, DPOA or proxy is recommended at sometime during or after the initial visit. (This may also be done at one of the quarterly MDS meetings.)
15. Discharge notes are required and may be done prior to discharge and billed on the day that the visit was made. It is important to send the patient home with enough medications to last them until their follow-up visit with their PCPs. Therapies (PT/OT/ST) and SW in addition to nursing will help guide you on additional prescriptions and services needed upon discharge from the facility.