

Appendix A: Clinical Stability and Social Stability Screening Tool

Clinical Stability Screen

Must be NO:	Yes	No	Comment
<p>Low diagnostic certainty requiring advanced diagnostics that cannot be performed in the home</p> <p>If yes, select reason (if "other", select and describe):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Active live telemetry monitoring <input type="checkbox"/> Advanced imaging required (CT, MRI, nuclear stress) <input type="checkbox"/> Cardiac catheterization required <input type="checkbox"/> EGD/Colonoscopy required <input type="checkbox"/> Lab monitoring not amenable to home (troponin, >q12 labs) <input type="checkbox"/> Other _____ 			
<p>Higher acuity medical services may be required making admission to home clinically unsafe</p> <p>If yes, select reason (if "other", select and describe):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Intensive care unit required (i.e. vitals checked >q4hr, BG checked >q2hr, active drip titration etc.) <input type="checkbox"/> Intubation risk elevated (i.e. history of intubation for respiratory conditions) <input type="checkbox"/> New tracheostomy or mechanical ventilation required <input type="checkbox"/> Vasopressor risk elevated (i.e. reasonable risk of fluid refractory hypotension) <input type="checkbox"/> Unstable arrhythmias <input type="checkbox"/> Elevated risk of respiratory compromise increasing risk of needing support with noninvasive positive pressure ventilation or intubation <input type="checkbox"/> Home IV access limitations <input type="checkbox"/> Other _____ 			
<p>Specific services required that cannot be Provided in the Home</p> <p>If yes, select reason (if "other", select and describe):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Risk for inability to obtain IV access <input type="checkbox"/> Daily involvement of in person specialty consultation <input type="checkbox"/> Blood transfusions likely to be needed (i.e. active GI bleed) <input type="checkbox"/> Hemodialysis likely to be required (i.e. already on HD or newly anuric/severe ATN) 			

<input type="checkbox"/> Respiratory isolation/airborne precautions (high TB concern) <input type="checkbox"/> Pain such that would require adjustment of opiates or need for IV therapy <input type="checkbox"/> Chronic need for 24/7 care that is currently not in place in the home setting <input type="checkbox"/> Other _____			
Surgical/IR procedure required that cannot be performed in the home If yes, select reason (if "other", select and describe): <input type="checkbox"/> Surgical consultation required or high risk of being required <input type="checkbox"/> Intraabdominal abscess requiring drainage (an example) <input type="checkbox"/> Percutaneous nephrostomy tube placement (an example) <input type="checkbox"/> Thoracentesis for parapneumonic effusion (an example) <input type="checkbox"/> Significant surgical wound debridement <input type="checkbox"/> Other _____ —			
Clinical partnership with patient and family untenable to safely care for patient If yes, select reason (if "other", select and describe): <input type="checkbox"/> Severe altered mental status unable to be managed safely at home with family and home health aide (an example) <input type="checkbox"/> Active substance abuse (an example) <input type="checkbox"/> History of or high risk of noncompliance with primary treatment plan <input type="checkbox"/> Other _____ —			
Is the patient currently on hospice or have a life expectancy of <= 6 mo.?			