

Clinical Stability Screen

<b>Must be NO:</b>	<b>Yes</b>	<b>No</b>	<b>Comment</b>
<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"> <li><input type="checkbox"/> Active live telemetry monitoring</li> <li><input type="checkbox"/> Advanced imaging required (CT, MRI, nuclear stress)</li> <li><input type="checkbox"/> Cardiac catheterization required</li> <li><input type="checkbox"/> EGD/Colonoscopy required</li> <li><input type="checkbox"/> Lab monitoring not amenable to home (troponin, &gt;q12 labs)</li> <li><input type="checkbox"/></li> <li>Other _____</li> </ul>			
<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"> <li><input type="checkbox"/> Intensive care unit required (i.e. vitals checked &gt;q4hr, BG checked &gt;q2hr, active drip titration etc.)</li> <li><input type="checkbox"/> Intubation risk elevated (i.e. history of intubation for respiratory conditions)</li> <li><input type="checkbox"/> New tracheostomy or mechanical ventilation required</li> <li><input type="checkbox"/> Vasopressor risk elevated (i.e. reasonable risk of fluid refractory hypotension)</li> <li><input type="checkbox"/> Unstable arrhythmias</li> <li><input type="checkbox"/> Elevated risk of respiratory compromise increasing risk of needing support with noninvasive positive pressure ventilation or intubation</li> <li><input type="checkbox"/> Home IV access limitations</li> <li><input type="checkbox"/></li> <li>Other _____</li> </ul>			
<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"> <li><input type="checkbox"/> Risk for inability to obtain IV access</li> <li><input type="checkbox"/> Daily involvement of in person specialty consultation</li> <li><input type="checkbox"/> Blood transfusions likely to be needed (i.e. active GI bleed)</li> <li><input type="checkbox"/> Hemodialysis likely to be required (i.e. already on HD or newly anuric/severe ATN)</li> </ul>			



<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 _____			
<p>Surgical/IR procedure required that cannot be performed in the home</p> <p>If yes, select reason (if "other", select and describe):</p> <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 _____ —			
<p>Clinical partnership with patient and family untenable to safely care for patient</p> <p>If yes, select reason (if "other", select and describe):</p> <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 _____ —			
<p>Is the patient currently on hospice or have a life expectancy of &lt;= 6 mo.?</p>			