

# DaVita Guest Services High Acuity Patient Checklist

The following information must be provided from the hospital up front and **prior** to admission acceptance. Please fax this checklist and supporting documentation to DaVita Admissions. *Thank you.*

## TRACH PATIENTS

Respiratory therapy notes to include:

- Does the patient require suctioning? What is the frequency per 24-hour period?
- Does the patient need supplemental oxygen?
- Does the patient need a trach collar and at what %?
- Does the patient have an effective cough?
- Has the patient been treated for a pulmonary infection in the last 30 days?
- Is the patient on an antibiotic?

## BED PATIENTS

Physical therapy notes to include:

- Is the patient ambulatory?
- Can the patient stand and pivot?
- Does the patient need a hooyer lift?
- How will the patient get to the center?
- Did the hospital arrange for transportation?
- Does the patient have pressure wounds or ulcers and need to be turned every two hours?
- Is the patient incontinent?

## DISORIENTED PATIENTS

Include nurse's notes from the hospital describing the level of orientation.

- Is the patient alert and oriented?
- Is the patient at risk of pulling out their needles or trach?
- Does the patient require someone to sit with them during treatment?
- Is the patient bowel or bladder incontinent?
- If the patient is disoriented, can a family member be present for the first treatment and to ensure consent forms are signed and insurance cards are copied?
- Is the patient on any medications to support orientation?

## PEG TUBE

- Does the patient's PEG tube need to be accessed during treatment?

## LVAD

- When was the LVAD placed (if < 6 months, patient may not be suitable for outpatient care)?
- Does the patient have a caregiver who can accompany them to EVERY treatment, and who has been deemed competent by the transplant cardiac team to assist the patient with the device?
- Has the patient required cardiac readmission in the last 30 days?

## WEARABLE CARDIOVERTER DEFIBRILLATOR (LIFE VEST)

Cardiac records to indicate the following:

- Need/diagnosis for therapy?
- When was the device placed?
- Has the patient required cardiac admission in the last 30 days?
- How often has the patient needed the device to be activated/shocked?

## BARIATRIC PATIENTS

- Current weight (need to confirm if chair or bed is available to safely accommodate size)
- Physical therapy notes
  - Can the patient stand/pivot?
  - If bed, please refer to above assessment.

## INOTROPIC INFUSIONS

- List of medications needed for inotropic infusion