



ASSESSMENT OF RISK FACTORS
HOSPITALIZATION AND EMERGENT CARE

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Symbol Key for Additional Services Needed: € Consider Home Health Aide Referral; ∞ Consider Skilled Nursing; Δ Consider MSW Referral; π Consider PT Referral; ≤ Consider Hospice

Risk Factors (check all that apply):

- Discharge from hospital or skilled nursing facility (MO1000)
Low socioeconomic status or financial concerns Δ
Requires help with managing medications (MO2002) ∞
Urinary catheter (MO1610) (response of 1 or 2)
Stasis ulcer (MO1330)
Therapy Services (PT/OT) ordered (MO2200)
More than two secondary diagnoses (MO1022)
Lives alone (MO1100) (response of 1) Δ
ADL assistance needed €
Dyspnea (response of 1-4) ∞
Pressure ulcer (MO1300)
Inadequate support network Δ

Prior Pattern(s) (check all that apply)

- Home Health skilled services within past 12 months
Hospitalization or Emergency Room visits in past 12 months
History of falls π

Chronic Conditions (check all that apply)

- CHF
COPD
Chronic skin ulcers
Diabetes
Neoplasm as primary diagnosis
Terminal conditions € ≤

Checked boxes total: \_\_\_\_ five (5) or more patient is at high risk for emergent care or hospitalization.

Plan

- Consider increased skilled nursing visits for first three weeks of care to perform concentrated assessment, monitoring and teaching.
Consider telephone monitoring between visits to reinforce teaching.

Medication Review

- Reconcile all medications on hospital discharge list with medications in home. If not hospitalized prior to home health admission reconcile current medications
Verify medications with patient's physician(s)
Construct an accurate list of medications including all prescriptions, over the counter and homeopathic.
Identify all medications prescribed, but not obtained Δ
Answer patient's and caregiver's questions regarding medications
Observe/Determine patient's and caregiver's ability to safely and accurately administer medications. Note any medication management system in place such as med-planners, who pre-pours (if indicated), barriers to compliance and plans forward
Enlist patient and caregiver's agreement to notify HMI Home Health if experiencing side effects and if medications are changed, added or discontinued

Education

- Patient and caregiver have been instructed in "My Emergency Plan" provided in admissions folder and verbalize understanding
Establish and review patient and caregiver medication teaching for all skilled visits until understanding and compliance is established. Include medication name, dosage, class, schedule, use, side effects and any directions that applies

HMI Professional Signature/Title: \_\_\_\_\_

Date: \_\_\_\_\_