



Checklist to Rule Out and Acute Cause of Recent Functional Decline for Patients Being Admitted Directly to a Bedded Level of Rehabilitative Care from the Community or Emergency Department

The following items have been suggested by rehabilitative care system stakeholders as being a set of relevant considerations to support communication between the referring practitioners (i.e. in ED or Primary Care) and receiving practitioners (i.e., those overseeing rehabilitative care beds) regarding the comprehensive medical assessment that has been completed to rule out an acute medical cause of functional decline amongst patients who are being admitted directly to a bedded level of rehabilitative care from the community.

- ✓ Consults and diagnostic tests for purposes of diagnosis or treatment of acute conditions have been completed and reported or pending test results are not anticipated to dramatically change the treatment plan.
- ✓ A clear diagnosis, co-morbidities / prognosis / goals of care have been established
- ✓ Vital signs are stable & treatment of acute conditions is complete
- ✓ Abnormal lab values have been acknowledged and addressed, as needed
- ✓ A follow-up plan is in place at the time of the referral
- ✓ Primary Care provider (where available) endorses a bedded level of rehabilitative care as the most appropriate setting to address the causes of the patient's recent functional decline
- ✓ Date the patient last seen by Primary Care provider (where available)
- ✓ Date patient seen by specialist / geriatrics (& name of practitioner)