

# Skilled Nursing Facility (SNF) Re-Hospitalization Risk Assessment

**Date:** \_\_\_\_\_ **Anticipated Date of Discharge:** \_\_\_\_\_

**Resident Name:** \_\_\_\_\_ **Primary Physician:** \_\_\_\_\_

**PRIOR PATTERN – Resident has had:**

<input type="checkbox"/> >1 hospital or emergency room (ER) visit in the past three months	<input type="checkbox"/> An intensive care unit (ICU) utilization during stay
<input type="checkbox"/> An acute care length of stay (LOS) $\geq$ 7 days	

**ACTIVE/CHRONIC CONDITIONS – Resident has:**

<input type="checkbox"/> Congestive Heart Failure (CHF)	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Chronic Obstructive Pulmonary Disease (COPD)	<input type="checkbox"/> Renal Failure
<input type="checkbox"/> Sepsis	<input type="checkbox"/> Traumatic Brain Injury

**RISK FACTORS – Resident has (or is):**

<input type="checkbox"/> >2 active comorbid conditions	<input type="checkbox"/> $\geq$ 2 advanced care needs (e.g, Trach, IV, colostomy)
<input type="checkbox"/> Non-compliant with disease management	<input type="checkbox"/> A poor prognosis
<input type="checkbox"/> Poor pain control	<input type="checkbox"/> A short life expectancy
<input type="checkbox"/> A history of falls	<input type="checkbox"/> Poly-pharmacy—takes $\geq$ 7 meds
<input type="checkbox"/> Psychiatric/behavioral issues	<input type="checkbox"/> Non-compliant with medication regimen
<input type="checkbox"/> A home safety risk	<input type="checkbox"/> Dyspnea
<input type="checkbox"/> Utilizing an opioid, diabetic agent, and/or blood thinner	

**Total number of boxes checked:** \_\_\_\_\_

**Five or more boxes checked indicates the resident is at high risk for re-hospitalization.**