

# 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

## DISORIENTED PATIENTS

## PEG TUBE

## LVAD

When was the LVAD installed (and for how long)?

- Does the patient need a hooyer lif ?
- 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?

## WEARABLE CARDIOVERTER DEFIBRILLATOR (LIFE VEST)

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?
- 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 forms are signed and insurance cards are copied?
- Is the patient on any medications to support orientation?

## BARIATRIC PATIENTS

## INOTROPIC INFUSIONS