



Skilled Nursing Facility (SNF) Rehospitalization Risk Assessment

Date: _____ **Resident Name:** _____

Anticipated Date of Discharge: _____ **Primary Physician:** _____

Prior Pattern—Resident has had:

<input type="checkbox"/> > 1 hospital or emergency department (ED) 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) ≥ 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"/> ≥ 2 advance 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 ≥ 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 rehospitalization.