



## Pre-Admission Huddle: Equipment/Special Care Need for Skilled Nursing Facility (SNF) Resident

Resident Name \_\_\_\_\_

Anticipated SNF Admission Date \_\_\_\_\_

### Respiratory Therapy

- \_\_\_\_\_ Oxygen concentrator/supplies
- \_\_\_\_\_ Suction machine
- \_\_\_\_\_ Mask rebreather
- \_\_\_\_\_ CPAP/BAP<sup>1</sup> settings needed
- \_\_\_\_\_ Trilogy/settings needed
- \_\_\_\_\_ Tracheostomy/supplies
- \_\_\_\_\_ Nebulizer machine

### Wound Care

- \_\_\_\_\_ Wound VAC<sup>2</sup> and supplies
- \_\_\_\_\_ Special order wound dressings
- \_\_\_\_\_ Date of last dressing change and measurements
- \_\_\_\_\_ Special mattress/bed
- \_\_\_\_\_ Other special order items

### Infection

- \_\_\_\_\_ Culture results/note any pending for f/u<sup>3</sup>
- \_\_\_\_\_ Isolation room, if needed

### Bowel/Bladder

- \_\_\_\_\_ Foley catheter \_\_\_\_\_ Check diagnosis and need
- \_\_\_\_\_ Suprapubic catheter
- \_\_\_\_\_ Colostomy \_\_\_\_\_ Ileostomy
- \_\_\_\_\_ Rectal tube
- \_\_\_\_\_ PEG-tube or J-tube<sup>4</sup>

### Orthopedic

- \_\_\_\_\_ CPM<sup>5</sup> machine
- \_\_\_\_\_ Ortho brace \_\_\_\_\_
- \_\_\_\_\_ Special appliance \_\_\_\_\_

### Medication Management

- \_\_\_\_\_ Current medication list/diagnosis/comorbidities
- \_\_\_\_\_ Pain management (prescriptions sent)
- \_\_\_\_\_ Start and stop dates for short-term medications
- \_\_\_\_\_ Psychotropic (prescriptions sent)

### Bariatric Equipment

- \_\_\_\_\_ Bed \_\_\_\_\_ Chair \_\_\_\_\_ BSC<sup>6</sup>

### Fall Management

- \_\_\_\_\_ Number of falls in hospital
- \_\_\_\_\_ Sitter \_\_\_\_\_ Alarm
- \_\_\_\_\_ Other equipment \_\_\_\_\_
- \_\_\_\_\_ Restraint/type \_\_\_\_\_
- \_\_\_\_\_ Behavior \_\_\_\_\_

### IV/TPN<sup>7</sup>

- \_\_\_\_\_ Kangaroo pump
- \_\_\_\_\_ IV pump
- \_\_\_\_\_ PICC line<sup>8</sup>
- \_\_\_\_\_ Date inserted \_\_\_\_\_
- \_\_\_\_\_ Measurement \_\_\_\_\_
- \_\_\_\_\_ Central line
- \_\_\_\_\_ Date of insertion \_\_\_\_\_

Comment/special needs identified

\_\_\_\_\_

\_\_\_\_\_

_____	Date checklist completed
_____	Date of preadmission huddle

1. Continuous positive airway pressure (CPAP)/ bilevel PAP (BPAP)  
 2. Vacuum assisted closure (VAC)  
 3. Follow up (f/u)  
 4. Percutaneous endoscopic gastronomy (PEG)-tube or jejunostomy (J)-tube

5. Continuous passive motion (CPM)  
 6. Bedside commode (BSC)  
 7. Intravenous (IV)/total parenteral nutrition (TPN)  
 8. Peripherally inserted central line catheter (PICC)