



Nurse Admission Evaluation of Patient From Hospital to Skilled Nursing Facility

Please print NEATLY.
Shade boxes like this: 
Not like this: 

Patient Last Name: Patient First Initial:

Transferred from:

Medical Record/History Number: (Only Numbers)

Date of Birth: / /

Date of Admission: / / Time of Admission: : AM PM

Skilled Nursing Facility:

1. Was this patient's condition appropriate for your facility? Yes No
What do you understand is (are) the reason(s) for admission to your facility? Shade all that apply.
 Debility/Rehabilitation IV antibiotics Wound Care Delirium
 End of life care Respiratory Care Other _____
Medical Management of:
 Anticoagulation Diabetes Infections Other _____
 COPD Heart Failure Renal Failure

2. Did hospital transfer documentation provide adequate information to care for this patient? Yes No
If documentation was not adequate, what needed information was missing? Shade all that apply.
 Medications Oxygen orders Diet Orders Instructions for ordered devices
 Allergies Antibiotic stop date Goal weight Instructions for when to contact provider
 Prognosis Goals of care Functional status Instructions for vascular access devices
 Other, please list: _____
If "Medications" is shaded above, please explain. Shade all that apply.
 MAR and discharge summary do not match Missing current MAR
 Missing date/time to discontinue short-term medications Other, please list: _____

3. In general, was the patient's condition as you expected? Yes No
If no, was the patient's overall condition better or worse than expected? Better Worse
If worse, which of the following unexpected conditions contributed to that assessment? Shade all that apply.
 Deteriorated mental status Problematic behavior Tachycardia (>100 bpm) Bradycardia (<60 bpm)
 Hypertension (S>150 mmHg) Hypotension (S<90 mmHg) Hypoxia (<90%) Fever (>100.4 F)
 Other _____

4. Did you receive a verbal nurse-to-nurse handoff report? Yes No
If yes, were all questions important to the treatment of the patient addressed? Yes No

5. Comments: _____

6. Your last name: First Initial: Credentials: RN LPN