

Name of Nursing Home: _____
 Contact Person and Title: _____
 Phone: _____ Email: _____

Available on Site*

Emergency interventions	Yes/No	Interventions	Yes/No
CPR – basic only		<i>Drains and catheters</i>	
Diagnostic Testing		Epidural catheters	
Stat EKG (within 4-6 hrs)		Suprapubic catheters	
Stat Xray (within 4-6 hrs)		Urostomy	
Stat lab work (within 4-6 hrs)		Surgical drains	
Bladder ultrasound		<i>Pulmonary</i>	
Cardiac Echo		O2 management	
Venous duplex		Suction q2hr	
Physician/NP Services		Suction q4hr	
7 day/wk visits		Suction q shift	
5 day/wk visits		Tracheostomy management	
1-2x/wk visits		Nebulizer treatments	
Consultation		CPAP	
Psychiatry		<i>Wound care program</i>	
One on one		VAC dressings	
Therapies		Debridement	
Physical therapy		<i>IV capabilities</i>	
Occupational therapy		PICC insertion	
Speech therapy		PICC management	
Isolation		IV Fluids	
VRE, MRSA, c. diff		IV antibiotics	
		Q4 hrs	
Typical turnaround time when new Meds are ordered:	____ hrs	Q 8 hrs	
Nursing Services		Q 12 hrs	
		IV meds – other (e.g., furosemide)	
		CAD pumps	
Vital sign monitoring Q 2 hrs		<i>Other</i>	
Vital sign monitoring Q 4 hrs		G/J tube feeding	
O2 saturation monitoring		NG tube feeding	
Peak flow		TPN	
Glucose monitoring at least Q 6 hrs			

**Availability of certain equipment/services may have changed since this form was updated. Please contact the nursing home directly at the number provided for the most up to date information.*

Nursing Home would be able to accept resident back under the following conditions: