Hospice Nursing Documentation Admission Checklist

Admit Date: _____   **ID#: _____**

Patient Name: _____

☐ Call Medical Director after Pre-Screening of Patient (Document Phone Call in PRN Progress Note)

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*first*HOSPICE Documentation (Admission)

TABS In firstHOSPICE Under Intake / Referral
☐ Patient/Referral
☐ Address / Phones
☐ Demographics (i.e. Height & Weight)
☐ Diagnosis / Prognosis
☐ Surgical Codes
☐ Medication Profile
☐ Allergies
☐ DME
☐ Physicians
☐ Insurance
☐ Family Caregiver
☐ Advanced Directives (i.e. DNR)
☐ Personnel (do not delete any team members, just keep adding the new ones)
☐ Pharmacies
☐ Funeral Home
☐ Admission Tab (Uncheck Admit Pending when you are admitting a patient) ENTER CORRECT ADMIT DATE

Documentation In firstHOSPICE
☐ Initial Plan of Care / Physician Orders
☐ Initial Nurse Assessment
☐ Palliative Performance Scale
☐ Hospice Aide Care Plan
☐ ORDER TAB: Physician Order for CNA (don't forget to generate the calendar)