NEVADA REGIONAL MEDICAL CENTER

Swingbed Pre-Admission Checklist

www.NRMChealth.com

- ☐ Acute Care Admission **(Date & Time)**: _____
- ☐ Copy of Face Sheet
- ☐ Copies of Insurance Cards
- ☐ Member ID/Medicare #: _____
- ☐ Secondary Insurance: _____
- ☐ Inpatient Stay within 30 Days (3 Midnights)
- ☐ H&P, Progress Notes, Labs and Medication List
- ☐ Skin Assessment (Please notate wounds)
- ☐ Notable Behaviors
- ☐ Copy of IV Antibiotics Notes (if ordered)
- ☐ Copy of Surgery Notes (if surgery was performed)
- ☐ Copy of Weight-Bearing Status (if surgery was performed)
- ☐ MAR (Medication Administration Record)
- ☐ Copy of Therapy Notes (if therapy was performed)
- ☐ Special Nutritional Needs: _____
- ☐ Name & Contact Information of provider

  Provider: _____

  Contact #: _____
- ☐ Discharge Plans: ( ) return home ( ) long-term care placement

  ( ) home health ( ) hospice

  ( ) other: _____

Fax Checklist & Requested Copies to (417) 448-3755

Questions, call Kim Fleming, Utilization Review Nurse (417) 448-2459

To provide you with the best service, we MUST receive all applicable information noted here upon first notification. Intakes are processed Monday through Friday from 7:30AM to 4:30PM.