**Appendix 1.**

**XXXXX Intake Triage Date: Time: XXXXX Provider:**

|  |  |  |
| --- | --- | --- |
| **EXCLUSION CRITERIA: do not admit if Yes** | **YES** | **NO** |
| Most recent COVID test was negative |  |  |
| Dialysis |  |  |
| Lack of Mental Capacity/Decision Making |  |  |
| BiPAP/CPAP/Intubated/nebulizer need |  |  |
| Persistent Vomiting, Diarrhea or C. Difficile |  |  |
| Suicidal or Homicidal Ideation or other Major Behavioral Concerns (sitter, meds for agitation)\* |  |  |
| Co-infection with Flu/RSV/transmissible respiratory pathogen (TB, etc.) |  |  |
| Bedbound |  |  |

**Pt Name: DOB: Ref Hospital: ER or Inpatient**

**Language:**

**Smoking Status** (must be willing to use nicotine replacement/not smoke entire duration of BCC stay):

***\*****Caution if significant psychiatric history, esp if directly from ER, where has not been monitored over time or if need for sitter/meds for agitation then clarify current status, if ongoing behavioral concerns then don’t accept*

|  |  |  |
| --- | --- | --- |
| **Other Criteria/Data** |  | **Notes** |
| COVID Sx Onset: |  | *May be incidental/no symptoms* |
| COVID Test Dates/Results: |  | *Cannot admit if most recent negative* |
| Current Oxygen Need |  | *Do not admit if persistently > 4 L NC*  |
| Current IV Medications |  | *Do not admit if continuous IV; check w/ pharmacy for any periodic IV medications* |
| Physical Ability (AM-PAC Score) |  | *Ideal ≥ 19; nursing OK if 13-18; do not admit ≤ 12* |

**CC/HPI/Hospital Course:**

**Most Recent Vital Signs/Labs (CBC, Cr, d-dimer):**

**Current Medications:**

**Comorbidities:**

**Skilled Nursing/Wound Care Needs:**

**Social Issues/Disposition Concerns:**