





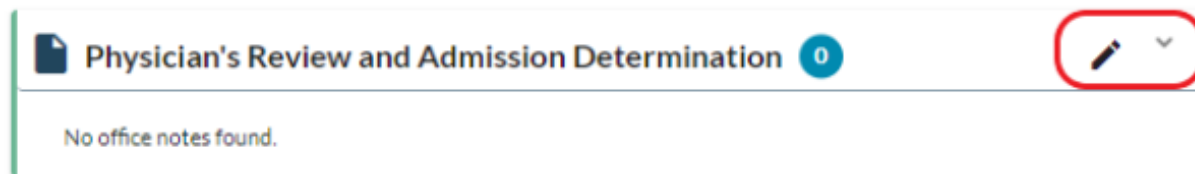
Add & read the physician review and admission determination



> If you haven't already:

1. Click **Referrals Received** on the main menu.
2. Click the **patient name** to select a case.

Adding the physician review and admission determination notes

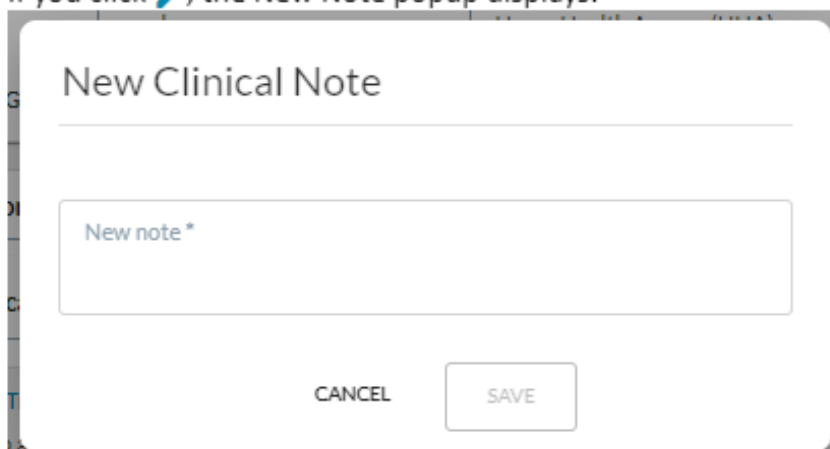
1. Click  or the section heading  on the right of the Physician's Review and Admission Determination heading.



Physician's Review and Admission Determination 0  

No office notes found.


- If you click , the New Note popup displays.

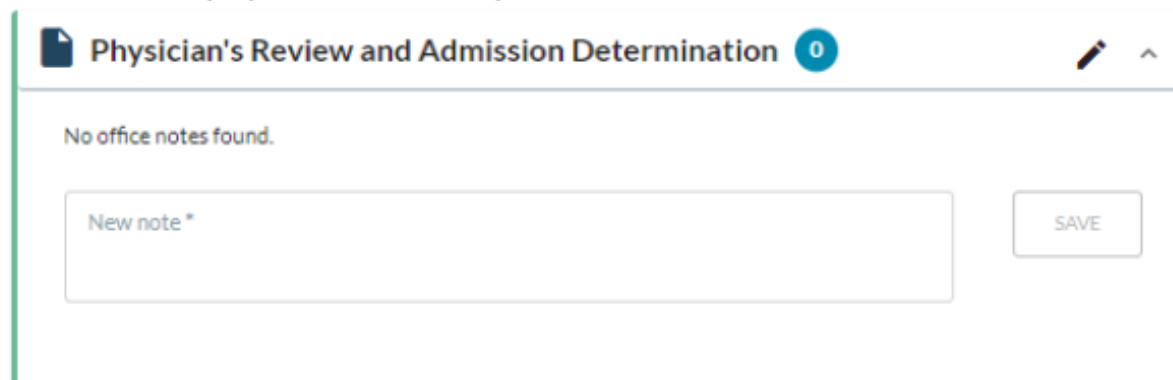




New Clinical Note

New note *

CANCEL SAVE

- If you click the section heading , the Physician's Review and Admission Determination list of notes displays. The new note options are at the bottom; scroll down if needed.





Physician's Review and Admission Determination 0  





No office notes found.

New note * SAVE

2. Type or paste in copied text to add the note.
3. Click **SAVE**.

Reading the physician review and admission determination notes

By default, the section for  Physician's Review and Admission Determination displays the most recent note entered. Each note includes the name of the person who wrote it, as well as a time stamp. The number to the right of the section heading  indicates how many notes there are.

 Physician's Review and Admission Determination   

I have reviewed this pre-admission screen and based on my review, I approve of the recommendation for admission to Spaulding Rehabilitation Hospital once medically cleared by the acute care team for discharge.

There is a rehabilitation need, based on this evaluation's information, for interdisciplinary therapy care with physical therapy, occupational therapy (and SLP), as well as sufficient nursing and medical care needs to require inpatient rehabilitation facility (IRF) level of care.

IRF Necessity Rationale:

1. Medical complexity: Based on this clinical information, I anticipate that the primary reason for admission/impairment group code of multiple traumas. The patient's co-morbidities of CHF, MI, HTN will impact medical treatment and potentially, functional abilities and status. These conditions will be medically managed and monitored as necessary to ensure the best possible functional and medical outcomes during the inpatient rehabilitation stay.
2. Functional complexity: The patient has been referred to inpatient rehabilitation by acute (PT, OT, SLP, referring physician, etc.) The patient is noted to require max assistance in mobility and ADLs. It is anticipated that this functional status will be impacted as the treatment of the primary diagnosis and co-morbidities progresses, again requiring medical management and oversight by a rehab physician.



Functional deficits that may be reasonably expected with this medical diagnosis include: impairments of mobility and self-care.

3. Medical Case Management: There is a need to establish safe disposition, educate and train caregivers, obtain durable medical equipment (DME), provide treatment with the same, and ongoing therapy needs.
4. Specialty management: IM consult(s) for follow-up of medical complexity issues.

Based on this information, I attest that the patient requires medical management and monitoring by a rehabilitation physician for the above-mentioned diagnoses/conditions. In addition, the patient needs, can benefit from, and participate in an interdisciplinary rehabilitation program. I presently expect that the patient will be able to tolerate at least three hours per day 5 out of 7 days or 15 hours per week of rehabilitative care. With this level of intervention, I anticipate the patient will be able to be discharged to the least restrictive environment.

As a freestanding rehabilitation hospital, this pre-admission screen (PAS) is the result of a comprehensive assessment of the medical record by licensed clinicians and appropriate conversations with acute care providers (physician, case manager, nurse, therapist). No on-site evaluations were performed.

Additional information and documentation that was used to make this determination is included on the following pages.
(electronically signed and updated by: Braidd, Trish J. 12/13/23, 9:43 AM)

- > To display all entries, click  on the right of the section heading.
- >  Physician's review and admission determination notes are listed most recent first, with "electronically signed and updated by:" the author, date & time, and text of the note.
- > Physician's review and admission determination notes are included in the summary of the referral.