



## POST-ACUTE CARE HOSPITALS CONSTITUENCY GROUP

### Long Term Acute Care Hospital Worksheet

1. Is patient stable for transfer to LTACH?  
(Requires “YES” to all of the following)
  - a. No significant acute hypotension. Yes \_\_\_\_ No \_\_\_\_
  - b. Cardiovascular status and chest findings stable.  
Yes \_\_\_\_ No \_\_\_\_
  - c. Pain is managed. Yes \_\_\_\_ No \_\_\_\_
  - d. No acute neurologic findings. Yes \_\_\_\_ No \_\_\_\_
  - e. No active bleeding or issues with hemostasis. Yes \_\_\_\_ No \_\_\_\_
  - f. Intake is acceptable. Yes \_\_\_\_ No \_\_\_\_
  - g. Will patient likely benefit and improve at LTACH.  
Yes \_\_\_\_ No \_\_\_\_
  - h. Complex nursing and daily physician needs. Yes \_\_\_\_ No \_\_\_\_
2. LTACH interdisciplinary care is necessary?  
(Requires “YES” to one of the following)
  - a. Vent management and weaning required **AND**  
multiple weaning attempts unsuccessful. Yes \_\_\_\_ No \_\_\_\_
  - b. Need for complex wound care **AND** daily clinical supervision.  
Yes \_\_\_\_ No \_\_\_\_
  - c. Cardiovascular condition requires LTACH. Yes \_\_\_\_ No \_\_\_\_
  - d. Complex medical management requires LTACH.  
Yes \_\_\_\_ No \_\_\_\_