

# Guidelines for Admission to the Inpatient Rehabilitation Units at Abbott Northwestern and United Hospitals

## Requirements for Admission\*

- Patient must be *medically stable*.
- Patient must demonstrate *readiness for rehabilitation*.
- Services must be *reasonable and necessary*.

\* See definitions and guidelines under Admission Criteria section for details.

## CMS-13 Rehabilitation Diagnoses

- Stroke
- Brain injury
- Spinal cord injury
- Neurological disorders such as multiple sclerosis or Guillain-Barre Syndrome
- Fracture of femur (hip fracture)
- Replacement of lower extremity joint (only if bilateral, obese > 50% BMI, or >85 years old)
- Amputation
- Active osteoarthritis in three or more weight-bearing joints
- Rheumatoid arthritis: active, involving multiple joints
- Systemic vasculitis with joint inflammation, after failing outpatient treatment
- Major multiple trauma
- Burns
- Congenital deformities

## Other Diagnoses

- Complex spine surgeries
- Encephalopathy
- Guillain-Barre
- Cancer
- Cardiac disease
- Deconditioning
- Diabetes with neuropathy
- Poorly controlled diabetes
- Dialysis
- Lupus
- Lymphedema
- Recovery from multiple system failure
- Pain management
- Post-polio
- Status-post CVA, BI , or SCI
- Respiratory disease
- Spasticity

## To order an evaluation for admission:

Please call the Admissions Department at **612-863-4457**.

Please fax the following information to **612-863-2591**:

- face sheet
- history and physical
- results of consultations
- diagnostics
- therapists' and social workers' initial evaluations and therapy notes (past two days)
- labs and vitals (past 72 hours)
- current medications.

For patients with a spinal cord injury, please fax the ASIA scale and NIF.

After we review the records, you will receive a call from one of our team members to discuss the results of the assessment and help facilitate admission, if appropriate.

## Admission Criteria

The following criteria must be met prior to admitting a patient to the rehabilitation unit at Courage Kenny Rehabilitation Institute.

### *Medical Stability*

- Confirmed rehabilitation diagnosis.
- Medical tests/procedures required for diagnosis have been completed.
- Afebrile for greater than 24 hours (fever less than 101 degrees, excluding non-infectious source).
- No extremes of pulse, blood pressure or respiratory rate.
- Patients accepted with:
  - > short-term IV heparin drip, IVs and /or piggybacks.
  - > wound vacs/drains that are portable.
  - > oxygen, nocturnal BIPAP, CPAP, tracheostomy (if suctioning every two hours or more is not needed).
- Planned/anticipated removal of naso-gastric tube for feeding. If needed long-term, should have peg/pic line inserted and functioning, 24 hours before admission. Nocturnal TPN is okay.
- No medical or psychiatric problems that preclude full participation in rehabilitation program, i.e., pain adequately controlled for program.
- No remote telemetry.
- Not accepted:
  - > patients with chest tubes.
  - > patients with ventilators.
  - > patient-controlled analgesics.

### *Rehabilitation Readiness*

- Patient's special needs have been determined.
- Treatment for other co-morbidities can occur, e.g., dialysis, radiation, IVIG (near completion), but should not interfere with patient's ability to participate in rehabilitation.
- Probability of discharge to community setting confirmed at time of admission.
- Patient is willing to participate in a rehabilitation program.
- Patient must be able to participate in an intensive therapy program, i.e., 3 hours per day, 5-6 days per week.
- Caregivers, if anticipated, are identified prior to admission and are willing and able to participate in the plan of care.

### *Reasonable and Necessary Criteria*

- Patient requires care by a physician with training or experience in rehabilitation to assess and control active medical problems such as pain, diabetes, hypertension, pulmonary embolus, dysphagia, dialysis.
- Patient requires 24/7 rehabilitation nursing care for bowel/bladder control, minimize risk factors for falls, enforce activity restrictions, manage skin conditions, medication administration, education.
- The patient must have impairment in at least two of the following areas:
  - > mobility impairment.
  - > difficulties with activities of daily living (bathing, grooming, dressing, feeding and toileting).
  - > incontinence of bowel or bladder.
  - > inability to swallow safely.
  - > speech-language deficits (such as aphasia, motor speech difficulties).
  - > perceptual impairment affecting safety or reasonable function.
- Patient must require at least two of the following rehabilitation services (one of which must be PT):
  - > physical therapy.
  - > occupational therapy.
  - > speech-language pathology.
  - > orthotics/prosthetics therapy.
- Patient requires a coordinated interdisciplinary team approach to rehabilitation.
- Expectation exists for significant functional improvement.

### *Age*

- United Hospital admits adults ranging from 16 years of age through geriatric.
- Abbott Northwestern Hospital admits pediatric/adolescent patients on a case-by case basis with physician and team approval.

## Other Information

- All diagnostic testing must be completed prior to admission.
- Admits can take place on weekends, if pre-authorized.
- Bariatric beds are available.