

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

Requirements for Admission*

- must be sufficiently medically stable
- has a need for an intensive interdisciplinary approach to rehabilitation
- has ability to progress and demonstrate measurable gains as a result of skilled therapy
- is able to tolerate intensive therapy
- has a need for daily physician management
- has a need for 24-hour rehab nursing care
- ability and willingness to participate in such a program

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

CMS 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
- Congenital deformities

Other Diagnoses

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

To make a referral:

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, include PMR if available
- diagnostics
- therapists' and social workers' initial evaluations and therapy notes (past two days)
- labs and vitals (past 72 hours)
- current medications
- imaging
- nursing notes for past two days
- following providers' progress notes.

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 acute inpatient rehabilitation unit at Courage Kenny Rehabilitation Institute.

Medical Stability

Patients can be accepted:

- with a confirmed rehabilitation diagnosis.
- when required medical tests/procedures for diagnosis and prognosis have been completed.
- when pulse, blood pressure and respiratory rate are stable.
- with a nasogastric tube for feeding if the patient is likely to have an oral diet before their expected discharge from the acute inpatient rehab unit.
- if no medical or psychiatric problems preclude full participation in an intense rehabilitation program.

On a case-by-case basis, patients MAY be accepted:

- if they are requiring a 1:1.
- if the patient requires TPN (nocturnal is okay, requires a PICC line in place, pending discharge plan for feeding).

Patients are not accepted if they:

- have a chest tube.
- are on a ventilator.
- are on patient-controlled analgesics.
- require IV BP and/or IV pain medications.
- require telemetry.
- have a trach but aren't tolerating trach capping.
- have a nasogastric feeding tube and will not be able to have an oral diet before they are discharged from the acute inpatient rehab unit. In this case, a PEG would be required.
- are not progressing with their daily therapies

Rehabilitation Readiness

- Patient's special needs have been determined.
- Treatment for other co-morbidities can occur, e.g., dialysis, radiation, IVIG (near completion or maintenance), but should not interfere with patient's ability to participate in rehabilitation.
- Opportunity for community discharge is considered at admit.
- Patient is willing and able to participate in a rehabilitation program.
- Patient must be able to participate in an intensive therapy program i.e., 3 hours per day, 5 to 6 days per week.
- Patients require two or more therapy disciplines.
- Patients require at least a five-day rehab stay.
- Patients have the ability to make significant functional gains as a result of an acute inpatient rehabilitation stay.
- If needs are anticipated following discharge, family members and caregivers identified prior to admission and are expected to participate in the plan of care