LAKEVIEW / CLINICAL PARTNERS

Clinical checklist for a Lakeview referral

Start the call with what changed, what the patient still needs and the decision you want help with. Lakeview's liaison can then identify which records to review.

Which care needs should trigger a conversation?

A person may be stable enough to leave the first hospital and still need treatment that requires hospital staff and equipment. Use these questions to describe the next shift of care. A single answer can start a discussion with Lakeview Admissions. Acceptance depends on the full clinical assessment, safe transfer and the services available for that person.

- How long has the person been in acute care, and what is keeping them there now? The earlier screening form asked about stays longer than seven days. Include the date and recent course even when the stay has been shorter.
- What needs physician assessment each day? Include new or changing orders, treatment response and problems that could require prompt adjustment.
- Which nursing or respiratory needs exceed what the proposed skilled nursing or rehabilitation setting can provide? If a referral was declined, describe the actual reason.
- Does the patient require telemetry, frequent suctioning, titrated IV medicines or IV antibiotics? List the drug, monitoring requirements, route and frequency as applicable.
- Is there a ventilator, tracheostomy, chest tube or parenteral nutrition? Include settings or orders, recent changes and the support necessary during transport.
- Has the person had more than one acute admission in the past 30 days? Explain what led to each return and what support was missing between stays.
- Can the person participate in rehabilitation? Describe actual tolerance, rest breaks and what stops the session. The earlier screen asked about tolerating three hours. The receiving team assesses the person and the proposed level of care.
- What would make self-care unsafe at home? Describe help with transfers, breathing equipment, wound care, medicines, nutrition and who can provide that help.

What to include with a complex referral

- Breathing or heart support. Describe COPD, respiratory failure, pneumonia, lung cancer or heart failure, together with the oxygen, ventilation, BiPAP or CPAP currently prescribed. Report tolerance and recent changes.
- Wounds. Include the location, dimensions, stage if classified, drainage, current dressing and frequency of care. Note pressure injuries, arterial or venous ulcers, postoperative sites, fistulas, flaps, burns, amputations or infection. Specify any planned debridement or negative-pressure wound therapy.
- Infection. Include bacteremia, cellulitis, pneumonia, COVID-19 or another identified infection. Give culture results, precautions, antimicrobial route and stop or review date.
- Other medical needs. Report acute or chronic kidney failure, the dialysis plan, unstable diabetes, bowel rest or IV nutrition. Describe how these treatments affect mobility, meals and the next setting.

- Rehabilitation. Describe the effects of stroke, neurological change, orthopedic injury or trauma. Include prior function, present assistance, equipment, recent therapy and what the patient wants to regain.

Document the combination of needs

The older form paired ventilator or medical management of the main diagnosis with additional active needs. Include each one and the frequency of the ordered treatment. Examples include a dialysis schedule, negative-pressure dressing changes, frequent suctioning, antibiotic doses or the need for two staff during a transfer. The receiving team assesses the whole picture and confirms capability. A checklist count alone does not establish eligibility.

Request a Lakeview review

Ask the referring physician or case manager to discuss whether Lakeview Specialty Hospital and Rehab in Waterford can meet the person's current needs. A diagnosis or day count alone does not settle that question. Clinical review, insurance coverage, availability and transport need to fit together.

Lakeview Admissions • (262) 534-8509. Referral fax • (262) 534-8507. Lakeview Specialty Hospital and Rehab • 1701 Sharp Road, Waterford, Wisconsin 53185. Main hospital • (262) 534-7297.

https://www.lakeviewsystem.com/admissions

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