


Transitional Care Worksheet

Patient: Patient Name Here **DOB:** DOB Here **Provider:** Examining Provider Here **Visit#:** Visit # Here **MR#:** MR # Here

Doc #: Doc # Here **Version #:** Version Here **Saved By:** Initials Here **Saved On:** DateTime Here

 **Sakakawea Medical Center (510 8th Ave NE, Hazen, ND 58545)**

Transitional Care Management Worksheet

Date: Name: Patient Name Admit Date:

DOB: Age: Sex: Discharge Date:

Attending Provider: Primary Provider:

Admitting Diagnosis:

Hospital Course

Status:

Family and/or caretaker present at time of discharge:

Medication Changes/Adjustments:

Immunizations Received:


Diagnostic tests reviewed/disposition:

Home health/community services discussion/referrals:

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Establishment or re-establishment of referral orders for community resources:

Discussion with other health care providers:

Rehab/RT Services:

Appointments coordinated with:

Disease/Illness education:

Education for self-management, independent living, and activities of daily living:

Advanced Directive?:


Is this a 30 day readmission? Yes No

Level of Risk:

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LACE Index Scoring Tool

Step 1: Length of stay (including day of admission and discharge): days

Length of stay (days)	Score (check as appropriate)
1	<input type="checkbox"/> 1
2	<input type="checkbox"/> 2
3	<input type="checkbox"/> 3
4-6	<input type="checkbox"/> 4
7-13	<input type="checkbox"/> 5
14 or more	<input type="checkbox"/> 7

Length of stay score

Step 2: Acuity Of Admission

Was the patient admitted to hospital via the emergency department?
If yes, enter "3" in Box A, otherwise enter "0" in Box A

Box A

Step 3: Comorbidities

Condition:

Previous myocardial infarction	<input type="checkbox"/> +1
Cerebrovascular disease	<input type="checkbox"/> +1
Peripheral vascular disease	<input type="checkbox"/> +1
Diabetes without complications	<input type="checkbox"/> +1
Congestive heart failure	<input type="checkbox"/> +2
Diabetes with end organ damage	<input type="checkbox"/> +2
Chronic pulmonary disease	<input type="checkbox"/> +2
Mild liver or renal disease	<input type="checkbox"/> +2
Any tumor (including lymphoma or leukemia)	<input type="checkbox"/> +2
Dementia	<input type="checkbox"/> +3
Connective tissue disease	<input type="checkbox"/> +3
AIDS	<input type="checkbox"/> +4
Moderate or severe liver or renal disease	<input type="checkbox"/> +4
Metastatic solid tumor	<input type="checkbox"/> +6

If the TOTAL score is between 0 and 3 enter the score into BOX C. If the score is 4 or higher, enter 5 into Box C.

Box C

Step 4: Emergency department visits

How many times has the patient visited an emergency department in the six months prior to admission (not including the emergency department visit immediately preceding the current admission)?
Enter this number or 4 (whichever is smaller) In Box E

Box E

Total for the LACE score

Add numbers in Box L, Box A, Box C, and Box E to generate a LACE score and enter into box below. If the patient has a LACE score that is greater than or equal to 10 the patient can be referred.

Total LACE score

Signature

Date:

Time:

Select a date