# ANTICIPATED SWING BED ADMISSION

Anticipated Admit Date _____ Patient Name _____ Referring Location _____

History of _____ MRSA _____ VRE _____ Multi-Drug Resistant Organism

Medical History _____

_____

Current Status _____

_____

_____

_____

_____

Diet/Tube Feeding _____

IV Meds _____

Medication changes from home medications _____

_____

_____

PICC Line: Type/Flush Requirements _____

_____

Current Vitals _____ Cognitive Skills _____

Skin Assessment _____

Incontinent ☐ Bowel ☐Bladder Last BM _____ Foley _____

Current oxygen needs: _____ With activity _____ At rest _____ At night

Oxygen sats: _____ With activity _____ At rest _____ At night

Current Activity (ambulation in/out of room, weight bearing status, devices used, lifting restrictions) _____

_____

_____

Pain Control _____

Special Needs (INR, Hgb, dressings, wound care/wound vac etc) _____

_____

_____

_____