****

**Post-acute Care Capabilities List**

This is list intended mainly for case managers and nurses to assist with decisions about post-acute care.

|  |
| --- |
| **Facility Name:**  |
| **Facility Phone Telephone #:**  |
| **Facility Contact Name:**  |
| **Facility Contact E-mail Address:**  |
| **“x” if your facility has this capability** |
| **Admissions** |  | **Nursing Services** |
| 24/7 Admissions |  |  | IV Fluids | Initiation |   |
| Maintenance |   |
| Ability to House Spouse  | Length of Stay |  |  | IV Antibiotics |   |
| Primary Care Clinician Services | Transportation |  |  | IV Medications (e.g., furosemide) |   |
| New |  |
| Ins |  |
| At least one Dr, NP or PA in facility 3 or more days per week |  |  | PICC Management |   |
| w/IV ABX |   |
| Diagnostic Testing | Coronavirus |  |  | Total Parenteral Nutrition (TPN) |   |
| Other |  |
| **Consultations** |  | Isolation(for MRSA, VRE, etc) |  |
| Psychiatry |  |  | Surgical Drain Management |   |
| Wound Care |   |  | Wound Vac |   |
| Highest Level |  |
| Licensed Social Worker |   |  | Tracheotomy Management |   |
| **Therapies on Site*****NOTE:*** *Acute rehab requires 3 hours therapy/day. Skilled Nursing Facility requires 1.5 hours therapy/day.* |  |
| Occupational |   |  | Analgesic Pump |   |
| Weekends |  |
| Physical |   |  | Dialysis |  |
| Weekends |  | Out Transport |  |
| Respiratory |  |  | Weekends |  |
| Weekends |  |
| Ventilator Capabilities |  |  |
| Speech |   |  | **Pharmacy Services** |  |
| Weekends |  |