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**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 | |  |