

PEL/VIP RE-HOSPITALIZATION RISK TOOL

Patient: _____ Room No: _____

Scored By: PEL Facility

1. High Risk Factor Analysis (please check all that apply)		
<input type="checkbox"/> CHF	<input type="checkbox"/> COPD <input type="checkbox"/> Bronchitis <input type="checkbox"/> Emphysema	<input type="checkbox"/> Pneumonia <input type="checkbox"/> Presence of a Trach Tube <input type="checkbox"/> History of Aspiration <input type="checkbox"/> More than 1 hospital visit within last 6 months for PNE <input type="checkbox"/> Recent Ventilator Support (within 24hrs)
(If any above boxes are checked-STOP- PT High Risk - If nothing checked, continue to section 2)		

2. Scoring System PNE CHF

(If PT meets one Symptom/Diagnosis in box below circle scores in PNE and CHF and move to next box within section 2)

Immobility, Obesity, Orthopnea, Must be supine (Absent Activity Tolerance, Lack of Physical Activity)/Inability to stand w/o dizziness/light headedness	+1	+1
Somnolence/Use of sedating meds/Neurologic Impairment/Depression/Swallowing Difficulties	+1	+1
Hx of poor nutritional status/Immunosuppression/Systemic Steroid Use/Poor Oral Hygiene	+1	+1
Chronic Renal Failure/ Renal Insufficiency	+1	
Recent Thoracic/Abdominal Surgery	+1	
Current smoker/Occupational Exposures	+1	
Presence of Indwelling Catheter/ Presence of Pressure ulcer	+1	
Anemia of Chronic Illness		+1
Peripheral edma present		+1
Sleep Apnea (OSA)/ NIPPV use within last year/HX of Intubations for Respiratory Distress		+1
Cardiac Abnormalities - Hx CABG and/or MI /Cardiac Resynchronization Therapy/Heart Arrhythmias/Congenital Heart Defect/Heart Murmurs/Valvular Disease/Presence of ICD device		+1
Diabetes/Hypertension		+1
Thyroid Disease		+1
*3 or more points STOP - PT High Risk		
*1 or more points STOP - PT Low Risk-Continue to Section 3		
*0 points = No Risk Continue to Section 3		
TOTAL:		

3. Complete #3 "Scoring Based On Vitals/Labs" if Patient is Low Risk or No Risk

<input type="checkbox"/> Abnormal Breath Sounds	<input type="checkbox"/> Elevated WBC >= 10,000
<input type="checkbox"/> Elevated Respiratory Rate >=30	<input type="checkbox"/> Elevated Pulse >=110
<input type="checkbox"/> Elevated Temperature >=100.4	<input type="checkbox"/> Recent abnormal CXR

2 or more checked-High Risk (PNE & CHF) 1 Check-Low Risk (PNE & CHF) No checks -PT No Risk

PATIENT RISK LEVEL: Check all that apply	<input type="checkbox"/> CHF <input type="checkbox"/> High Risk <input type="checkbox"/> Low Risk <input type="checkbox"/> No Risk	<input type="checkbox"/> COPD <input type="checkbox"/> High Risk <input type="checkbox"/> No Risk	<input type="checkbox"/> Pneumonia <input type="checkbox"/> High Risk <input type="checkbox"/> Low Risk <input type="checkbox"/> No Risk
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Signature: _____ Date: _____

Print Name: _____

***NOTE: Please notify MD immediately if patient exhibits the following: unrelieved or new onset of SOB at rest, unrelieved or new onset of chest pain, chest tightness present at rest, altered mental status, or frothy sputum.**