

TAB A – Section A

Patient Emergency Categories and Admission Criteria WORKSHEETS

Name of Parish: _____
Name of Agency: _____
Address: _____

Phone: _____ State License #: _____
Filled out by: _____ Date: _____

Instructions: **Tab A** is composed of three sections. Each section describes the patient emergency category, provides examples, and provides guidance on the responsibility of the Home Health Agency for each category of patients. This section, **Tab A – Section A** provides admission criteria and guidance for Category I Hospital Admit patients. **Section A** should be used only for Home Health Agency purposes and should NOT be turned in to the Parish OEP.

Category I Hospital Admit (HA):

Category I-HA indicates that these individuals require recurring professional medical care; special medical equipment and/ or continual medical surveillance and must be considered for admission into a hospital.

Examples:

Intravenous therapies Oxygen dependent
Tracheotomy/respiratory care Ventilator dependent
Stage III and IV decubitus Central line
Kidney dialysis Insulin dependent diabetic
unable to inject insulin

<u>Patient Names</u>	<u>ID</u>	<u>Address</u>	<u>Treatment</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Number _____ (Are all of these patients accounted for?)

Home Health Responsibility: The Home Health Agency should make the necessary pre-arrangements with hospital(s) or other appropriate care provider(s) to ensure proper care of Category I-HA patients. This means obtaining appropriate physician orders for transfer of the patient to the hospital. We urge that the Home Health Agency discuss these patients' care and their requirements of care with the hospital(s) before the event of a disaster.