# Adult Risk Assessment Checklist

## Respiratory-related ICU Readmission

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## A. PATIENT INFORMATION

Name: _____ ☐ Male ☐ Female Date: _____

Age: _____ Yrs. Height: _____ cm Height: _____ inches Weight: _____kg

Admitting Diagnosis: _____

Co-Morbidities: _____

Transferred to: _____ Hand-off confirmed: ☐ Yes ☐ No

## B. STATUS AT PENDING TRANSFER

Level of consciousness: ☐ Awake/cooperative ☐ Awake/uncooperative ☐ Comatose

Deep Breathing Maneuver: ☐ Incentive Spirometer ☐ Slow Vital Capacity

Observed: _____ ml. 15 ml/kg = _____ ml.

≥ 15 mL/Kg of Ideal Body Weight? (IBW) ☐ Yes ☐ No

| IDEAL BODY WEIGHT (IBW) | |
|---|---|
| MEN | IBW (in kg) = 50 + 2.3 kg per inch over 5 ft. |
| WOMEN | IBW (in kg) = 45.5 + 2.3 kg per inch over 5 ft. |

Gag reflex? ☐ Yes ☐ No Intact cough? ☐ Yes ☐ No

Receiving supplemental oxygen? ☐ Yes ☐ No $FiO_2$ _____ Liter Flow _____

Vital Signs: RR: _____ HR: _____ BP: _____

Gas exchange: (last recorded value within 24 hours) On oxygen? ☐ Yes ☐ No

pH: _____ $PaCO_2$ _____ $ETCO_2$ _____ $SaO_2$ _____ $SpO_2$ _____ $SpO_2$ (Room Air) _____

Other relevant information: _____

## C. RISK INDICATORS (check all that are applicable)

- ☐ Confirmed diagnosis of sleep apnea
- ☐ Currently receiving dialysis
- ☐ Received mechanical ventilatory support/NPPV ≥ 36 hours during critical care stay
- ☐ Supplemental oxygen with $FiO_2$ ≥ 0.50 at time of transfer
- ☐ Critical care length of stay ≥ 2 weeks
- ☐ Unable to deep breathe (< 15 mL/kg IBW) or no intact cough or no gag reflex
- ☐ Abnormal level of consciousness (Uncooperative or Comatose)
- ☐ Abnormal vital signs (RR: < 6 or > 24; HR: < 50 or > 110; BP: Systolic < 90 or > 200)
- ☐ Abnormal gas exchange values (pH < 7.3 or > 7.5; $SpO_2$ < 88% or $PaO_2$ < 55 on oxygen)

**Total number of risk indicators** (sum of all boxes selected in section C.) ☐

## D. RISK FOR READMISSION

☐ **High Risk ( ≥ 5 Risk Indicators)** ☐ **Moderate Risk (3-4 Risk Indicators)** ☐ **Low Risk (0-2 Risk Indicators)**

## References

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