Acute Rehabilitation Discharges

The below guidelines can decrease longer stays and get patients to acute rehabilitation facilities up to four days sooner. Delays can occur when the estimated date of discharge provided to facilities is incorrect.

MEDICAL READINESS GUIDELINES

In addition to a patients medical clearance, it is important that the following are in place:

- Patient has the potential to participate in three hours of therapy a day
- Facility is capable to care for patient's medical needs
- Minimal returns for outpatient visits and diagnostic testing
- Appropriate follow up plan is in place for after discharge from Acute Rehabilitation Facility
- Plan to minimize readmissions to acute care hospital

MEDICAL STATUS

- Medical work-up to be complete and with treatment plan agreed upon by primary and consulting services.
- No psychiatric issues that would prevent participation in rehabilitation program. (Ex: suicidal or in active psychiatric crisis)
- OB Patients: OB emergency plan must be established, can not require fetal monitoring or have any uterine contractions, no outstanding postpartum complications

TREATMENT & LAB DATA

- No continuous suction or irrigation
- Precautions outlined (ortho and spine)
- Helmet for pts with significant skull defects
- Dialysis: only stable hemodialysis, with 3 or less treatments per week
- No telemetry monitoring
- Blood transfusion cannot interfere with therapy

RESPIRATORY

- Must have stable respiratory status to allow for three hours of therapy per day
- Suctioning needed at a maximum frequency of every two hours
- Respiratory treatments are a max of every four hours
- O2 per nasal cannula ⇠ 4 liters
- No FiO2 > 40%

MEDICATIONS

- PO/enternal/SQ only, except IV antibiotics/fluids
- Generally no IV push medications
- No continuous IV drips
- No IV heparin
- Anticoag plan established
- PO chemotherapy medications only (can not provide from facility pharmacy)

DIET

- PO diet or able to tolerate tube feeding to provide caloric and fluid requirements
- PEG tubes are preferred
- If need Dobhoff tube, preferred to be bridled
- TPN patients need to be on a stable solution, cycled at night with a plan for discharge to home

INFECTION CONTROL

- No active TB
- No airborne precautions

These are guidelines. For more information, please speak with your Shirley Ryan AbilityLab liaison or consulting physician.

Shirley Ryan AbilityLab