

**Company Name**  
**New Admission Packet**

**Patient Name:**

**MR#**

**Emergency Preparedness / Risk / Disaster**

ADDRESS: \_\_\_\_\_

PHYSICIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

NEAREST HOSPITAL: \_\_\_\_\_

EMERGENCY CONTACT PERSON: \_\_\_\_\_ PHONE: \_\_\_\_\_

**PATIENT DISASTER CODE**

(Check the one that applies)

- I Services required today as scheduled. For example:
  - New insulin dependent diabetic, unable to inject self
  - IV medications
  - Sterile wound care with moderate to large amount of drainage
  - Patient's activity dying and family unable to cope
  - Other: \_\_\_\_\_
  
- II Services could be postponed 24-48 hours without adverse effect to the patient. For example:
  - New insulin dependent diabetic, but able to inject self
  - Cardiovascular and/or respiratory assessment
  - Sterile wound care with minimal amount to no drainage
  - Terminal patient with predictable deterioration, family coping adequately
  - Other: \_\_\_\_\_
  
- III Services could be postponed 72-96 hours without diverse effect to the patient. For example:
  - Post-operative with no open wound
  - Anticipated discharge within next 10-14 days
  - Routine catheter changes
  - Observation/Assessments on frail, elderly, case management patients
  - Other: \_\_\_\_\_

**RISK LEVEL**

- High Risk Needs high level assistance to evaluate or stay in home. Dependent on homecare. Blind or oxygen dependent with no capable caregiver. Bed bound or wheelchair bound with no caregiver. Other: \_\_\_\_\_
  
- Moderate Risk Blind or oxygen dependent, but has elderly caregiver or is able to ambulate with assistance. Other: \_\_\_\_\_
  
- Low Risk Ambulatory. Can evacuate or manage in home alone for short periods of time, or has fully capable caregiver. Other: \_\_\_\_\_

**POWER CODE**

If electricity were lost, would there be any risk to life?

N = No risk      Y = Yes Risk to Life

SIGNATURE/TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_