

# LONG-TERM CARE FACILITY EVACUATION RESIDENT ASSESSMENT FORM FOR TRANSPORT AND DESTINATION

Adapted from the Shelter Medical Group Report: Evacuation, Care and Sheltering of the Medically Fragile.

FACILITY NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

COMPLETED BY: \_\_\_\_\_ TIME: \_\_\_\_\_

LEVEL OF CARE	FACILITY TYPE	TRANSPORT TYPE	NUMBER OF RESIDENTS
<p><b>LEVEL I</b>  <b>Description:</b> Patients/residents are usually transferred from in-patient medical treatment facilities and require a level of care only available in hospital or Skilled Nursing or Subacute Care Facilities.</p> <p><b>Examples:</b></p> <ul style="list-style-type: none"> <li>▪ Bedridden, totally dependent, difficulty swallowing</li> <li>▪ Requires dialysis</li> <li>▪ Ventilator-dependent</li> <li>▪ Requires electrical equipment to sustain life</li> <li>▪ Critical medications requiring daily or QOD lab monitoring</li> <li>▪ Requires continuous IV therapy</li> <li>▪ Terminally ill</li> </ul>	Like Facility  Hospital  SNF or Subacute	ALS	_____
<p><b>LEVEL II</b>  <b>Description:</b> Patients/residents have no acute medical conditions but require medical monitoring, treatment or personal care beyond what is available in home setting or public shelters.</p> <p><b>Examples:</b></p> <ul style="list-style-type: none"> <li>▪ Bedridden, stable, able to swallow</li> <li>▪ Wheelchair-bound requiring complete assistance</li> <li>▪ Insulin-dependent diabetic unable to monitor own blood sugar or to self-inject</li> <li>▪ Requires assistance with tube feedings</li> <li>▪ Draining wounds requiring frequent sterile dressing changes</li> <li>▪ Oxygen dependent; requires respiratory therapy or assistance with oxygen</li> <li>▪ Incontinent; requires regular catheterization or bowel care</li> </ul>	Like Facility  Medical Care Shelter  In some circumstances, may be able to evacuate to family/caregiver home	BLS  Wheelchair Van  Car/Van/Bus	_____
<p><b>NOTE:</b> It is unlikely that licensed health facilities such as SNFs will have residents that fall below Level II care needs. Evacuation planning must take this into consideration. Also, <b>consider cognitive/behavioral issues in evaluating residents' transport and receiving location needs.</b></p>			
<p><b>LEVEL III</b>  <b>Description:</b> Residents able to meet own needs or has reliable caretakers to assist with personal and/or medical care.</p> <p><b>Examples:</b></p> <ul style="list-style-type: none"> <li>▪ Independent; self-ambulating or with walker</li> <li>▪ Wheelchair dependent; has own caretaker if needed</li> <li>▪ Medically stable requiring minimal monitoring (i.e., blood pressure monitoring)</li> <li>▪ Oxygen dependent; has own supplies (i.e. O2 concentrator)</li> <li>▪ Medical conditions controlled by self-administered medications (caution: refrigeration <i>may</i> not be available at public shelters)</li> <li>▪ Is able to manage for 72 hours without treatment or replacement of medications/supplies/special equipment</li> </ul>	Like Facility  Home Setting  Public Shelter	Car/Van/Bus	_____

