

Medical Group Home Criteria Worksheet

NAME:		DOB:	
	Nursing needs/technology	Points	Score
1	Tracheostomy	20	
2	C-PAP/BiPAP	5	
3	Oxygen, continuous	5	
4	Oxygen, noncontinuous, unstable	5	
5	G-tube/ J-tube feedings (continuous feeding, not bolus feedings)	5	
6	Receives IV therapy or has a central line	20	
Medications			
7	Medications, complex with over 6 meds	5	
8	Medications, less than 6 meds	3	
9	Medication requiring nursing administration	5	
10	Pain medications given by injection	10	
11	Insulin dependent diabetes requiring calculation of insulin based on glucose reading	10	
Assessments			
12	VS, respiratory or neuro assessments q 4 hours or longer	2	
13	VS, respiratory or neuro assessments q 2 to 4 hours	3	
14	VS, respiratory or neuro assessments q <1 to 2 hours	4	
Skin			
15	Dressings involving prescription medications and aseptic technique	20	
16	Care of extensive decubitus ulcers or other widespread skin disorders	18	
17	Stoma care	3	
18	High risk, requires ongoing monitoring/treatment of skin conditions	5	
Ambulation and transfers			
19	Needs lifting equipment/procedures to safely transfer or position	5	
20	Disability prevents sitting in an upright position	3	
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GI/Feeding			

21	Difficult and prolonged oral feeding	5	
22	Complex dietary needs/nutritional status unstable	3	
23	Bowel management that involves on-going observation and preventative measures	4	
	Neurological		
24	Seizures, severe, requiring intervention such as diastat	18	
25	Seizures, mild to moderate, requiring moderate intervention	10	
26	Seizures, mild requiring little intervention and occur infrequently	5	
27	Alzheimer's or Parkinson's, requires increased monitoring and assessment	3	
	Urinary/kidney		
28	Requires catheterization of bladder regularly	8	
29	Peritoneal dialysis	20	
30	Recurrent, frequent urinary tract infections requiring assessment and monitoring	3	
	Respiratory		
31	Suctioning, via nasopharyngeal or oral route	5	
32	Med Nebulizer treatments or chest percussion more than every 4 hours	3	
33	Pneumonias, aspiration requiring frequent assessment and monitoring	3	
	Cardiac		
34	Atrial fibrillation or other rhythm disturbance requiring frequent assessment	4	
35	Unstable congestive heart failure	5	
36	Pulmonary hypertension	3	
		TOTAL SCORE:	
Completed by:			
Contact phone number:		Date:	