

## Swing Bed Short Form (Page 1 of 2)

**Unique Patient Identifier**

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**A0900: Patient Date of Birth**

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**A1900: Swing Bed Admission Date**

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**A1800: Entered From**

**Expected primary payer source for swing bed stay**

**I0020. Primary Medical Condition**

**J2000. Prior Surgery**

**GG0100. Prior Functioning**

- A. Self-care
- B. Indoor Mobility
- C. Stairs
- D. Functional Cognition

**C0900. Memory/Recall Ability**

- Current season
- Location of own room
- Staff names and faces
- That he or she is in a hospital swing bed

**GG0110. Prior Device Use**

- A. Manual wheelchair
- B. Motorized wheelchair and/or scooter
- C. Mechanical lift
- D. Walker
- E. Orthotics/Prosthetics
- Z. None of the above

**H0300. Urinary Continence**

**H0400. Bowel Continence**

**K0510A. Total parenteral nutrition**

**K0510B. Tube Feeding**

**M0210. Pressure Ulcers:**

- M0300: # of Stage 1 pressure ulcers/injuries**
- M0300: # of Stage 2 pressure ulcers/injuries**
- M0300: # of Stage 3 pressure ulcers/injuries**
- M0300: # of Stage 4 pressure ulcers/injuries**
- M0300: # of unstageable pressure ulcers/injuries**

**Comorbidities: Check all that apply**

- Major infections
- Metastatic Cancer and Acute Leukemia
- Diabetes
- Other Significant Endocrine & Metabolic Disorders
- Delirium and Encephalopathy
- Dementia
- Tetraplegia and Paraplegia
- Multiple Sclerosis
- Parkinson's and Huntington's Diseases
- Angina Pectoris
- Coronary Atherosclerosis
- Hemiplegia
- Dialysis Status and Chronic Kidney Disease-Stage 5
- Urinary Obstruction and Retention
- Amputations

**B0700: Makes self understood**

**B0800: Ability to understand others**

**J1700. History of Falls**

**C0100. Should BIMS be conducted?**

**C0200. Repetition of three words**

**C0300. A. Able to report correct year**

**C0300. B. Able to report correct month**

**C0300. C. Able to report correct day of the week**

**C0400. A. Able to recall "sock"**

**C0400. B. Able to recall "blue"**

**C0400. C. Able to recall "bed"**

**C0500. BIMS Summary Score**

## Swing Bed Short Form (Page 2 of 2)

**Exclusions: If any apply skip to Discharge**

- Died while in swing bed
- Left the swing bed program against medical advice
- Discharged to hospice care
- Unexpectedly discharged to a short-stay acute hospital/CAH
- Length of stay less than 3 days
- Independent with all self-care activities at time of admission
- Medical conditions
- Under 21 years old
- Not receiving Physical or Occupational Therapy

**GG0130: Self-Care Admission**

- A. Eating
- B. Orial hygiene
- C. Toileting hygiene
- E. Shower/bathe self
- F. Upper body dressing
- G. Lower body dressing
- H. Putting on/taking off footwear

**GG0130: Self-Care Discharge**

- A. Eating
- B. Orial hygiene
- C. Toileting hygiene
- E. Shower/bathe self
- F. Upper body dressing
- G. Lower body dressing
- H. Putting on/taking off footwear

**GG0170. Mobility Admission**

- A. Roll left and right
- B. Sit to lying
- C. Lying to sitting on side of bed
- D. Sit to stand
- E. Chair/bed-to-chair transfer
- F. Toiler transfer
- G. Car transfer
- I. Walk 10 feet
- J. Wa P1. Wheelchair and/or scooter
- K. Walk 150 feet
- L. Wε RR1 Type of wheelchair/scooter used
- M. 1 step (curb)
- N. 4 ε SS1. Type of wheelchair/scooter used
- O. 12 steps
- P. Picking up object
- P1. Wheelchair and/or scooter
- R. Wheel 50 feet with two turns
- RR1 Type of wheelchair/scooter used
- S. Wheel 150 feet
- SS1. Type of wheelchair/scooter used

**GG0170. Mobility Discharge**

- A. Roll left and right
- B. Sit to lying
- C. Lying to sitting on side of bed
- D. Sit to stand
- E. Chair/bed-to-chair transfer
- F. Toiler transfer
- G. Car transfer
- I. Walk 10 feet
- J. Walk 50 feet with two turns
- K. Walk 150 feet
- L. Walking 10 feet on uneven surfaces
- M. 1 step (curb)
- N. 4 steps
- O. 12 steps
- P. Picking up object
- P1. Wheelchair and/or scooter
- R. Wheel 50 feet with two turns
- RR1 Type of wheelchair/scooter used
- S. Wheel 150 feet
- SS1. Type of wheelchair/scooter used

**A2000. Discharge Date**

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**A2100. Discharge Status**

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**30-Day Follow-up Status**

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**30-Day Follow up Description**

- Readmitted to Our Facility Acute Same or Related
- Readmitted to Our Facility Acute New/Different
- Readmitted to Our Facility Swing Same or Related
- Readmitted to Our Facility Swing New/Different
- ED Visit at Our Facility Same or Related
- ED Visit at Our Facility New/Different
- Obs Stay at Our Facility Same or Related
- Obs Stay at Our Facility New/Different

**30-Day Follow up Description (continued)**

- Readmitted Acute/Obs Other Facility Same/Related
- Readmitted Acute/Obs Other Facility New/Different
- Readmitted Acute/Obs Other Facility Unknown
- Readmitted Swing Bed Other Facility Same/Related
- Readmitted Swing Bed Other Facility New/Different
- Readmitted Swing Bed Other Facility Unknown
- ED Visit at Other Facility Same or Related
- ED Visit at Other Facility New/Different
- ED Visit at Other Facility Unknown