

MODIFIED SWIFT EVALUATION TOOL

Date:	Worker's Name:	
	Patient Name:	DOB:
IMMEDIATE: Urgent Care	Does the patient have any obvious signs of distress, <u>hyperventilation</u> , <u>diaphoresis</u> , <u>difficulty breathing</u> , <u>complaining of pain</u> , <u>lacerations</u> , <u>injured limbs</u> ? <input type="checkbox"/> Y <input type="checkbox"/> N	If <u>Yes</u> send to Urgent Care Clinic Team
Level 1: Health / Mental Health Priority: Ok for general population	<p>A. Do you have any of the following medical problems:</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Diabetes</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Heart Disease</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N High blood Pressure</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Memory</p> <p>B. Do you take any medicine? <input type="checkbox"/> Y <input type="checkbox"/> N Do you have your medicine? <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>If "No" treat as Level 1</p>	<p>C. Do you need someone to help you with:</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Walking</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Eating</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Bathing</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Dressing</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Toileting</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Taking your Medicine</p> <p>Any checks, treat as Level 2</p>
Level 2: Case Management Needs REFERRED TO A CASE MANAGER	A. Ask them what their major need is right now:	Do you use something to help you get around: <input type="checkbox"/> Cane <input type="checkbox"/> Walker <input type="checkbox"/> Wheel chair <input type="checkbox"/> Bath Bench
Level 3: Only needs to be linked to family or friends DIRECTED TO RED CROSS	A. Family Do you need help to find your family or Friends? Y N	
DISPOSITION:	Recommend: <input type="checkbox"/> Case Management <input type="checkbox"/> Urgent Care <input type="checkbox"/> Red Cross registration	