



Referral Process for Cook Children's Neuro-Rehab Unit 2025: Updated Fax

1. Identify child needing Inpatient Rehab – **see Attachment A**
2. Family will need to decide on our facility before we will start the review process.
If they would like a tour, that can be arranged. Call 682-885-7422 and ask for a manager.
3. Send referral – **See Attachment B**
 - a. **If able, secure email is preferred to (all 3):** kendra.stubbs@cookchildrens.org, mariah.strong@cookchildrens.org, hannah.bridge@cookchildrens.org
 - b. **Fax: 682-885-1335:** Attention RCU Leadership
4. If you need to speak with someone, please call: 682-885-7422 and ask to speak with the Rehab manager or nurse practitioner if manager unavailable.
5. Our team will request verification of benefits and review pending benefits outcome.
 - a. If unable to accept due to lack of benefits, we will notify you as soon as possible so you can seek another facility.
 - b. PLEASE NOTE: Due to our high volume of internal patients and our physicians seeing multiple patients, clinical review may take up to 48 hours.
6. If admitting physician will accept patient:
 - a. We will provide the information needed for the referring facility to request a Prior Auth for a Rehab Admission. (TPI, MPI, Physician NPI, etc)
7. **If authorization is required, Our Patient Registration staff will obtain Prior Auth.**
 - a. Once approved, we will alert you of financial clearance to proceed with setting up transport.
 - b. The referring facility needs to get a pre-cert for transport and set up transportation
 - i. Set Up non-emergent transport of your choice.
 - ii. Call 682-885-4000 to speak with the House Supervisor**PLEASE NOTE: We accept transfers Mon-Thurs, onsite by noon.**
 - c. A doc to doc and nurse to nurse call needs to occur prior to transfer.
 - i. 682-885-7422
 - d. A Transfer Summary needs to be faxed PRIOR to transfer: 682-885-1335 Attention: Neurology Nurse Practitioner
 - e. A Discharge Summary and Disk of all imaging needs to come with the patient

Attachment A: Rehab Admission Guidelines for External Facilities

External Admissions: Patients at an external facility who have had an acute neurological injury or disease or prolonged hospitalization due to childhood cancer or critical care stay and meet Admission Criteria.

- Patient must have documentation of active participation in 2/3 therapies consistently for 2 hours a day 5-6 days a week in order to tolerate 2.5-3 hours a day of rehab 6 days a week if admitted.
- Each child/adolescent must be accepted for admission by the Attending Physician for the Rehabilitation Care Unit.
- External Admission must have a prior authorization for Rehab in place that is verified prior to admission

Admission Criteria:

- The child is greater than 2 years of age to actively participate in 2-3 hours/day
- The child has an order from a physician
- The child must be medically stable (examples):
 - Stable tracheostomy – has had first tracheostomy change
 - Weaned off of ventilator, if ventilated
 - Absence of communicable or contagious disease
 - Cranioplasty completed if child has had a craniotomy
- The child requires at least 2/3 Therapies: PT/OT/ST
- The child has at least 2 WB extremities to actively participate in therapy
- The child has functional impairments directly related to their injury or illness.
- The child has an identified & confirmed stable active caregiver who can physically train and assist the patient on unit and upon return home.
- The child has an identified & confirmed stable home to safely return to post-discharge.
- The family/caregiver understands and agrees to: developing realistic rehabilitation goals, estimates of length of stay, and participation in discharge planning including:
 - Admission & Discharge Conferences
 - Home Evaluations, if indicated
 - Skills Days & Rooming In, if indicated.

Exclusion Criteria

1. Child does not have an identified caregiver to assist and train for a safe DC home
2. Child does not have a home to discharge to. A Discharge location must be secured prior to admission
3. Child has 3 Non-weight bearing extremities
4. The need for school services, counseling, complex equipment, or a daily schedule are not reasons for a rehab admission.
5. Other factors as evaluated to be outside the scope of program

Attachment B: Admission Checklist for External Facilities

	ITEMS NEEDED PRIOR TO CONSULT- Fax to 682-885-1335 or send secure EMAIL to: kendra.stubbs@cookchildrens.org, Mariah.strong@cookchildrens.org, Hannah.Bridge@cookchildrens.org	Date complete	Initials
1	Facesheet with accurate patient name, DOB, Insurance information (needed to verify benefits) & ICD-10 CODES		
2	Initial History & Physical		
3	Last 3 days medical and PT/OT/ST progress notes, including medical plan of care		
4	Infectious Disease Notes- MUST be off any isolation prior to admission		
5	Social Work notes <ul style="list-style-type: none"> i. Identified caregiver ii. Living Situation- home to discharge to iii. Plan for discharge, including transportation iv. Notify Family of the following: <ul style="list-style-type: none"> 1. Caregiver needed on site for intensive training 2. Safe DC location and transportation in place prior to admission to RCU 3. Payor source must be valid. 		
6	Imaging Reports (will need imaging CD if patient transfers)		
7	List of Consulting services		
8	Medication list (MAR)		
9	Procedure list		
10	Tracheostomy yes or no- (MUST HAVE FIRST TRACHEOSTOMY CHANGE PRIOR TO ANY TRANSFER per our system policy)		
11	Gastrostomy? Yes or No		
12	Ongoing monitoring? ie: labs, scans		
13	MEDICAL point of contact for Nurse Practitioner to call for questions		
14	Are there any safety concerns for this Patient? If so, please indicate		
	ITEMS NEEDED WITH TRANSFER		
1	If patient has a Tracheostomy: MUST HAVE FIRST TRACHEOSTOMY CHANGE PRIOR TO ANY TRANSFER per our system policy)		
2	Discharge Summary to be faxed ahead of transfer (ideal) or sent with chart on transfer; if unable to fax prior, please send last 3 days of progress notes and any new imaging reports		
3	Imaging CD to accompany child		

4	Documentation of a negative COVID test within 48-72 hours of admission IF patient is SYMPTOMATIC only		
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Revised: Rev 9/29/22 ks; 5/2017 ks; 3/2018-ks 6/2019-ks; 4/20-ks, CM/SW Team, 7/20-ks, FC team, 3/27/23, KS/SA, 5/14/25 KS (measles), 8/21/25, KS