

DISCHARGE TEMPLATE (LONG TERM CARE)

Primary NH Admission Dx: \_\_\_\_\_

Secondary Admission Dx: \_\_\_\_\_

Other Admission Dx: \_\_\_\_\_

APS case/special instructions: \_\_\_\_\_

Code Status: Full/DNR/OOH DNR/No artificial feeds/hydration/DNH

DPOA/POA/Guardian/Proxy \_\_\_\_\_ Contact No: \_\_\_\_\_

VS: routine/other (NH VS: \_\_\_\_\_ O2 Sat: RA \_\_\_ / \_\_\_ on \_\_\_ L/NC)

PAIN: location/description/Tx. Meds \_\_\_\_\_

Last BM \_\_\_\_\_ Bowel regimen \_\_\_\_\_

Cognition: Not impaired/Impaired with decisional capacity/Impaired without decisional capacity/elopement risk

Function: Full wt. Bearing/Modified wt.bearing/wc/walker\* Fall risk/amb. with assistance only \*Scripts

BOWEL: continent/incontinent BLADDER: continent/incontinent

HHC REHAB CANDIDATE: good/bad Evaluation: PT &/or OT (see PT/OT / ST recs. and MBBS)

ACCESSORIES: hearing aide- inilateral, bilateral/dentures – upper/lower

ALLERGIES/Associated symptoms: \_\_\_\_\_

DIET: Regular/Modified: \_\_\_\_\_

Tube feedings: NG/PEG/GT Type of nutrition: \_\_\_\_\_ Residuals: \_\_\_\_\_

Administration orders: \_\_\_\_\_

LINES & TUBES: Type: \_\_\_\_\_ insertion date \_\_\_\_\_ d/c date \_\_\_\_\_

Pacemaker/Internal Defibrillator: Last interrogated \_\_\_\_\_

Hemodialysis/dialysis days: \_\_\_\_\_

ACCUCHECKS: AC&HS/other \_\_\_\_\_

PRESSURE ULCER(S): Location/TX/Supplies\* \_\_\_\_\_ \*Scripts

PERTINENT LABS & IMAGING TEST RESULTS: PT/INR \_\_\_\_\_ DATE \_\_\_\_\_

On \_\_\_\_\_ Coumadin/day NEXT PT/INR DUE DATE: \_\_\_\_\_

INR Goal: \_\_\_\_\_ Other: CBC(S) \_\_\_\_\_

CHEM 7 \_\_\_\_\_, LFT'S \_\_\_\_\_, OTHER: \_\_\_\_\_

IMAGING STUDIES: \_\_\_\_\_

INFECTION/ISOLATION TYPE/TREATMENT: \_\_\_\_\_

ACTIVE/INACTIVE/COLONIZED

MEDICATIONS/INDICATION/STOP DATE/SPECIAL RECS. (if indicated)\*: \_\_\_\_\_

\_\_\_\_\_ \*Scripts attached

MD F/U VISITS: F/U with PCP/Specialist: \_\_\_\_\_

DISCHARGING MD: \_\_\_\_\_ PAGER: \_\_\_\_\_

DATE: \_\_\_\_\_

July 4, 2007