

TRANSFER TEMPLATE (TO ACH)

Level of care: SNF/NH
Primary Transfer Dx: _____
Secondary Transfer Dx: _____
Other Transfer Dx: _____
Current Dx: prior to ACH/SNF/NH admission _____
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
BOWEL: continent/incontinent BLADDER: continent/incontinent
REHAB CANDIDATE: good/bad Evaluation: PT&/or OT* / ST (MBBS; attach results/recs.) *See PT/OT recs.
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 _____
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)*: _____
*See MARS

TRANSFERRING MD: _____ PAGER: _____
DATE: _____

July 4, 2007