

Script: I'm glad we're connecting. I'll be using a standardized report to ensure you have current information about <patient's name>. It should take about 5 minutes and you can stop me at any time with questions.

>> Use this report to *guide* the handoff. Review relevant topics with SNF RN via phone call —skip items if not applicable<<

Patient Sticker:		Receiving Facility:	Report given to:
			Expected Discharge Date/Time / / : am/pm
Current Issues and Medical Status	✓ Reason for discharge to a SNF:		
	✓ Mobility status: How is patient transferring? Fall/safety issues <input type="checkbox"/> Yes <input type="checkbox"/> No Weight bearing restrictions <input type="checkbox"/> Yes <input type="checkbox"/> No		
	✓ Specialty equipment needs <input type="checkbox"/> Wheelchair <input type="checkbox"/> Dentures <input type="checkbox"/> Pneumatic stockings <input type="checkbox"/> Walker/cane <input type="checkbox"/> Hearing aid(s) <input type="checkbox"/> Compression stockings <input type="checkbox"/> Prosthesis <input type="checkbox"/> Wound vac <input type="checkbox"/> Glasses/contacts <input type="checkbox"/> Other: _____		
	✓ Infection control issues: Isolation <input type="checkbox"/> Yes <input type="checkbox"/> No		
	✓ Nutritional plans/dietary restrictions: Aspiration risk <input type="checkbox"/> Yes <input type="checkbox"/> No		
	✓ Tobacco use <input type="checkbox"/> Yes <input type="checkbox"/> No Nicotine patch <input type="checkbox"/> Yes <input type="checkbox"/> No		
	✓ Pressure ulcer risk <input type="checkbox"/> Yes <input type="checkbox"/> No Wound(s) location and size: Wound care instructions:		
✓ Special considerations (i.e. mental status, behaviors, etc.)			
✓ Continance <input type="checkbox"/> Yes <input type="checkbox"/> No Briefs <input type="checkbox"/> Yes <input type="checkbox"/> No ✓ Last bowel movement date / / ✓ Foley <input type="checkbox"/> Yes <input type="checkbox"/> No Orders to d/c Foley <input type="checkbox"/> Yes <input type="checkbox"/> No ✓ Last weight: _____			
Post-Discharge Plans	✓ Upcoming appointments <i>Scheduled</i> <input type="checkbox"/> <i>To Be Scheduled by SNF</i> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Medication Information	✓ Allergies to medications? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	✓ Meds with high risk for errors <input type="checkbox"/> Yes <input type="checkbox"/> No High risk meds: (IV antibiotics, anticoagulation, insulin and pain medications)		
	✓ New psychotropic, anti-psychotic or benzodiazepines during hospital stay? <input type="checkbox"/> Yes <input type="checkbox"/> No Last INR:		
	Pain Medication Regimen <input type="checkbox"/> Yes <input type="checkbox"/> No Last medication doses scheduled prior to discharge:		
✓ Hospital contact person for questions & follow-up on medications (or PCP)		Name:	Contact #:
Other Information	✓ Advance Directives POLST completed <input type="checkbox"/> Yes <input type="checkbox"/> No Code Status Full Code <input type="checkbox"/> DNR <input type="checkbox"/>		
	✓ High priority concerns during next 24 hours ✓ Patient preferences and routine (if established, especially for long LOS patients) ✓ Patient goals or questions		