# SNF TO HOSPITAL TRANSFER FORM

**SNF:** _____

**Nursing Supervisor Phone #:** _____ **Main Line #:** _____

Patient Name: _____ DOB: _____

Patient Emergency contact name and number: _____

Transfer Date: _____ Primary Language: ☐ English ☐ Other: _____

Referring Clinical Provider: _____ Telephone: _____

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**What prompted transfer?**

☐ Cardiac/Respiratory Arrest
☐ Chest Pain
☐ Shortness of Breath
☐ Patient/Family Request: _____
☐ IV/PEG/Drain
☐ Stroke-like Symptoms
☐ Syncope/Near Syncope
☐ Altered Mental Status
☐ Fall with Injury Evaluation
☐ Abdominal Pain
☐ Pain (other): _____
☐ Lab/Imaging: _____
☐ Other: _____

**Interventions prior to sending to ED:** _____

_____

**Vital Signs:** BP_____ HR_____ RR_____ Temp_____ 02 Sat_____ Time Taken_____ (AM/PM)

**Co-morbidities:** ☐ CHF ☐ COPD ☐ CKD ☐ DM ☐ Cancer (active treatment) ☐ Dementia
☐ Psychiatric Condition ☐ Other: _____

**Allergies:** ☐ None ☐ Yes, please list: _____

**Is the Patient on Palliative/Hospice care?** _____

| **Isolation Precautions:** | **Baseline Mental Status:** | **Baseline Functional Status:** |
|---|---|---|
| ☐ MRSA | ☐ Alert/Oriented | ☐ Ambulates independently |
| ☐ VRE | ☐ Mild confusion | ☐ Ambulates with assistive device |
| ☐ C. diff | ☐ Moderate/severe confusion | ☐ Ambulates only with human assistance |
| ☐ Other | ☐ Minimally responsive/Unresponsive | ☐ Not ambulatory |

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**What do you want the ED to do?** _____

**SNF to ED TRANSFER CHECKLIST**: Print the following documents and include with this Transfer Form in the order listed. Send entire packet with the patient to the hospital.

☐ MOLST ☐ Facesheet ☐ X-Rays ☐ Medication List ☐ Lab Results ☐ SBAR ☐ Other Info.

**Please note, our SNF facility can do:** ☐ IV ABT/Fluids ☐ EKGs ☐ Blood Tranfusion ☐ Wound Care ☐ Wound Vac ☐ X-Ray ☐ Inotropes

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**ED DOCUMENTATION** Date: _____ Time: _____ (AM/PM)

ED Contact: _____ Telephone: _____

Interventions completed in the ED (brief progress note):

_____

**ED to SNF TRANSFER CHECKLIST**: ☐ Call SNF and/or SNF clinical provider for handoff

Complete ED Documentation section and make a copy of completed form for hospital records. Print the following documents, if applicable, and send to SNF with the original Transfer Form.

☐ Patient Instructions/AVS ☐ Physician Notes ☐ Labs ☐ Radiology Results