**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:

**What prompted transfer?**  IV/PEG/Drain Fall with Injury Evaluation

 Cardiac/Respiratory Arrest  Stroke-like Symptoms  Abdominal Pain

 Chest Pain  Syncope/Near Syncope  Pain (other):

 Shortness of Breath  Altered Mental Status  Lab/Imaging:

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

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

**SNF to ED TRANSFER CHECKLIST**: Print the following documents and include in red folder 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

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

ED Contact: Telephone:

Interventions completed in the ED (brief progress note):

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**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