Handover Communication Tool to Hospital

S — Situation

Date ____________________

Diagnosis ____

Attending Physician ______________________________

Transfer Paperwork ___ Complete ___ Partially Complete ___ Not Done

B — Background

Allergies ____

Code Status: DNR ___ Yes ___ No Include copy of POLST

Most recent Ht: ___________ Wt: _______________

Infection: ___ MRSA ___ TB ___C-diff ___VRE ___ Other _____________________

History: ___ HTN ___ DM ___CHF ___ Asthma ___ COPD ___ CVA ___ Seizures

___ Alzheimer's/Dementia

___ Bariatric ___ Pacemaker/ICD ___MI ___CAPB

Other ____

A — Assessment

V/S: Time _____ B/P _____ Pulse _____ Temp _____ Resp _____ Sp02 _____

Recent Pain Score __________ Last Pain Med __________ Time __________

___ Relieved ___ Decreased ___ No Change

Neuro ___ Alert ___ Drowsy ___ Non-responsive ___ Oriented ___ Confused

___ Combative ___ Sedated Other ____

Cardiac: Rhythm _______ Other ____

Respiratory: ___0_2 via _______________ LPM __________

___ Trach ___ Cough ___ Crackles ___ Wheezing ___SOB Last Resp. Tx ______

Chest Tube/s: _______ Suction: ___ Yes ___ No Drainage __________________

Other ____

GI: ___ Nausea ___ Vomiting/Last Med __________ ___ Diarrhea ___ Gastric Tube

___ Ostomy Other ____

Last BM:___________ Changes in Bowel Function: ____________________

GU: ___ Voiding ___ Foley Other ___________________ Incontinence: __________

Skin Integrity (describe): ____

___ Clean/Dry ___ Unable to address

___ Decubitus Location ____

___ Not addressed Other ____

Ortho/Mobility ___ Bedrest HOB: ___ Up ___ Down ___ Amb w/Assistance

___ Splint Other ____

Fall Risk: ________________

Psych/Social On Admission: ___ Accompanied ___ Alone ___ Deaf ___ Blind

___ Non-English Speaking ___ Substance Abuse ___ Psychiatric Diagnosis

Other ____

R — Recommendation

Pertinent lab tests In Progress ____

Family notified of admission: ___ Yes ___ No

Other ____

Nurse (Please Print) ____________________________________

Person Notified of pending Patient Arrival _______________________ Time _________