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 _____