This requires verbal communication with receiving facility.

- Interpreter needed? Yes No

Other tests and important follow-up needed in plan of care (family issues, conditions, patient preferences)

- Labs of concern or pending?

- Skin issues

If they recently removed within past 24 hours, date/time:

- Contaminant of urine
- Incriminating Yes No

- Last PT/INR and what was last dose of Coumadin

Receiving facility:

Plan? Requires verbal communication with

- Respiration needed? Yes No

- What is the reason?

Do we have any strips necessary to send with the patient?

- What size?
- Ostomy, wound or other supplies Yes No

- Special needs? Yes No

- Special needs? Yes No

- Communicating with receiving facility

If no RNI during hospital stay requires verbal

- List other meds of concern? Insulin? Flu? Pneumovax?

- Last dose of (see below)

- Diet - Restrictions? Allergies? Tube feeding?

- Are they on O2? Yes No

- Are they on NIV? Yes No

- Most recent vital signs

Clinical Info:

- Gastrointestinal
- Genito-urinary
- Hematologic
- Hypo or hyper

- Use of any devices: walker, hoover

- Functional status: assistance needs
- Code status: Full DNR

- Do they have a copy of the health care proxy? Yes No

- Precautions (if other than standard)

Safety/Basic Info:

- Primary diagnosis and any complications during hospital stay

- Receiving RN:

- Receiving Date and Time:

- Sending RN:

- Patient Name: