

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?**
- | | | |
|--|--|--|
| <input type="checkbox"/> Cardiac/Respiratory Arrest | <input type="checkbox"/> IV/PEG/Drain | <input type="checkbox"/> Fall with Injury Evaluation |
| <input type="checkbox"/> Chest Pain | <input type="checkbox"/> Stroke-like Symptoms | <input type="checkbox"/> Abdominal Pain |
| <input type="checkbox"/> Shortness of Breath | <input type="checkbox"/> Syncope/Near Syncope | <input type="checkbox"/> Pain (other): _____ |
| <input type="checkbox"/> Patient/Family Request: _____ | <input type="checkbox"/> Altered Mental Status | <input type="checkbox"/> Lab/Imaging: _____ |
| | | <input type="checkbox"/> Other: _____ |

Interventions prior to sending to ED: _____

Vital Signs: BP _____ HR _____ RR _____ Temp _____ O2 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: <input type="checkbox"/> MRSA <input type="checkbox"/> VRE <input type="checkbox"/> C. diff <input type="checkbox"/> Other	Baseline Mental Status: <input type="checkbox"/> Alert/Oriented <input type="checkbox"/> Mild confusion <input type="checkbox"/> Moderate/severe confusion <input type="checkbox"/> Minimally responsive/Unresponsive	Baseline Functional Status: <input type="checkbox"/> Ambulates independently <input type="checkbox"/> Ambulates with assistive device <input type="checkbox"/> Ambulates only with human assistance <input type="checkbox"/> 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

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