Home/Lodge with/without Home Care

Home Care referral for Nursing, OT &/or PT prn: include demographics, surgical repair with weight bearing status and any precautions, summary of acute care stay, physician orders for wound care and suture/staple removal, medication list, follow up appointment, current mobility, therapists’ notes with rehab plan, equipment and aids required. Discharge instruction sheet sent with patient/family/caregivers.

Sub Acute, Transition, Rehab, Rural Hospitals

Send info to facility: include inter-facility transfer sheet, surgical repair with weight bearing status and any precautions, summary of acute care stay, most recent lab work, last bowel movement, pain management, physician orders for wound care and suture/staple removal, medication list, follow up appointment, current mobility, therapists’ notes with rehab plan, equipment and aids required. Send updates as able and provide time for the facility to prepare for return home. Discharge instruction sheet sent with patient/family/caregivers.

Supportive Living 3, Personal Care

Send to Home Care or Case Manager, Allied Health team: transfer/referral sheet, surgical repair with weight bearing status and any precautions, summary of acute care stay, last bowel movement, pain management, physician orders for wound care and suture/staple removal, medication list, follow up appointment, current mobility, therapists’ notes with rehab plan, equipment and aids required. Send updates as able and provide time for the facility to prepare for return home. Discharge instruction sheet sent with patient/family/caregivers.

Supportive Living 4 and Dementia

Send to Home Care, Case Manager, Allied Health team: transfer/referral sheet, surgical repair with weight bearing status and any precautions, summary of acute care stay, last bowel movement, pain management, physician orders for wound care and suture/staple removal, medication list, follow up appointment, current mobility, and therapists’ notes with rehab plan, equipment and aids required. Send updates as able and provide time for the facility to prepare for return home. Discharge instruction sheet sent with patient/family/caregivers.

Long Term Care

Send to facility: transfer sheet, surgical repair with weight bearing status and any precautions, summary of acute care stay, last bowel movement, pain management, physician orders for wound care and suture/staple removal, medication list, follow up appointment, current mobility, and therapists’ notes with rehab plan, equipment and aids required. Send updates as able and provide time for the facility to prepare for return home. Discharge instruction sheet sent with patient/family/caregivers.

Send patient information book with the patient with all transitions.