Medical Respite Referral: Edward Thomas House
Jefferson Terrace, Floor 7, 800 Jefferson St., Seattle WA. 98134, 206-744-5200, Fax 206-744-5233

For Referrals, Call Respite Screener Pager: (206) 416-0841

Referral Intake 8:00 AM- 4:30 PM Weekdays, 11 AM-4:30 PM Weekends/Holidays. No screener Wed. 10:30-1200

Call pager 206-416-0841 to page the respite screener before completing referral form.

- Provider completes referral form. Fax referral form and discharge medication list to respite. Fax PICC line procedure note, if applicable.
- Admissions staff will contact discharge coordinator after reviewing referral information.

Referring Provider:	Page	r/Phone:		
Hospital or Clinic:	Serv		Floor/Unit:	
Discharge Coordinator:	Phor			
If Medicaid; Managed Care Program: C	HPW ∏Mo	lina 🗌 Amerigroup	☐Coordinated Care	☐United Healthcare
Managed Care assigned PCP & Clinic:	·		<u>kan kalinggan dan kalingga</u>	
Homeless; Where did patient sleep the night				
☐ Discharge Medication Rx/# dispensed	attached	☐ DATES/	TIMES of all subspecial	ity appts attached
MEDICAL PROVIDER to o	Amplota tha	following costions	*DIEACE EILI IN AL	ADEAC*
			ence, contagious air-bor	
7101 <u></u>				
Patient is agreeable to respite admission	· [val, CIWA < <u>1</u> 0 for 16 ho	urs without
		benzodiazepine me	edications	
Independent in mobility, transfers and feeding		فوسوسو بالمعملية مسوسة	iata far araya pattina lir	adudaa aa kaayaa
known fall risk	L		oriate for group setting [ir e attempt or assault]	iciddes no known
Patient has an acute medical need requiring i	resnite	active risk of suicid	c attempt of assault 1	
Diagnosis requiring Respite	<u> </u>			
Interpreter Language needed	HD	pp BA O		$ \psi_{ij}\rangle = \psi_{ij}\rangle = \psi_{ij}\rangle = \psi_{ij}\rangle = \psi_{ij}\rangle$
Last Vital Signs: T max BP RA O2 sat with 250 ft ambulation (required for p	ots with restin	g Q2 < 94%)	. vat	
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CURRENT AND PAST MEDICAL PROBLEMS:	•			· · · · · · · · · · · · · · · · · · ·
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List total dose/type of last 24 hr narcotic Rx [UWMC/HMC	, respite will review M	AKI	
ETOH Yes No Allergies: H/O ETOH SZ: Yes No Special die	t needs:	None Other		
			Other	
				# of wounds
F-11				-
Follow up: All patients on IV antibiotics require ID f/u until an	tibiotics are o	completed.		
IV Abx Name Dose	frequency		Send 1-w	reek supply of dressings
		No. of the second	•	
Send only 3-day supply of narcotics	(as per inpt	<u>last 24 hr use)</u> , <u>30-</u>	day supply of all oth	er meds required
(If discharge meds include benzodiazepine				
** STAT Discharge Summary	must be fa	ixed prior to the pa	atient's respite arriva	H **
PROVIDER SIGNATURE	PRINT NAM	<u> </u>	DAT	E TIME
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		I MAI RE-MICTOR		
PTINO .	an ar ar a	UW Medicine Harborview Medical Ce	nter - UW Medical Center	
		Northwest Hospital & M	ledical Center - University	of Washington Physicians
	.	Seattle, Washington	.,	
NAME		MEDICAL RESPIT	E REFERRAL	
Place EPIC Label Wahin Gox	Year and a second			
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			MHI-	TE - MEDICAL RECORD
DOB		*H2509	r	
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	Jefferson Terrace Respite Intake Assistance Form PH: 206-744-5200 Fax: 206-744-5233
	Sex offender or on readmission criteria list? Can't accept sex offenders. Check website: http://www.nsopw.gov/en-us
	☐ Pt is not a registered Sex Offender ☐ Pt is not on the readmission Criteria List
1	☐ Homeless? ☐ Screener e-mailed HMC pharm ☐ Provider filled out referral form ☐ Face Sheet received
	Acute Care Need? Does the patient have an acute care need? Background info: Respite is designed for vulnerable patients with an acute care need. While we work on resolving this acute issue, we concurrently make efforts to support a person's social & medical network, including access to primary care, housing, mental health & CD services so they can continue on a path towards improved health after respite discharge.
	Independence? If ADL's are of concern, ensure pt is independent in feeding/dressing/bathing.
	If mobility is in question, you may request a copy of the PT note or documentation that he/she can safely ambulate 250 feet. If pt is in a wheelchair, they must be independent in transfers. If assistive devices are needed, the patient must arrive with the equipment.
]	Respite has medical staff only during the day and patients are expected to be independent and able to manage their ADLs, feeding & bathroom needs on their own. We can assist with medication management (especially encouragement & cueing) but cannot hold or dole out narcotics. Patient must be behaviorally stable.
	Specific Medical Issues: (Address medical ?'s with RN or provider, not social worker)
-	IDDM: Each pt needs a working glucometer & supplies. NIDDM pts don't, necessarily, need glucometer. Review inpt BG control.
	Dressing changes: Review wound care order (dressing type/frequency). 1 week's drsg supplies are requested on the referral form.
	IV Rx: All IV abx need to go through Walgreens (referring hospital to arrange) except HMC charity care pts will go through HMC
.	pharmacy. Identify funding (review face sheet). QDay, bid or 24 hr pump infusion IV abx okay.
	☐ IV Rx: PICC line in & insertion procedure note received (or printed from ORCA if HMC or UW)
	IV Rx: Final date of Abx infusion is
	a.m. Abx infusion to be done at hospital (document time of dose) and pt to arrive at respite early enough to infuse a subsequent dose
	Heparin? Pt independent? RN can do qday dalteparin
İ	PNA: Identify where infiltrate is located. If upper lobe infiltrate or HIV pt, review whether TB is a concern.
	<u>Vancomycin</u> : Obtain last trough level and date, renal function (would ask a nurse, not a SW for this info).
	Q2 supply has been arranged for those requiring it (small tanks only)
	Managed Care pt: Workable arrangement for Rx fills has been arranged
ļ	Compression wraps? Need ABI's performed and results faxed XRT or CTX: Treatment schedule faxed
	Complicated patient: If pt not at UW/HMC, request copies of labs if they will not be included in the D/C summary.
	Pain Management? If pt has pain issues, review type/dose of pain meds used in the last 24-48 hours. Review whether discharge meds are sufficiently dosed compared to inpatient narcotic Rx. Discussion around this should be directed to the nurse or provider, not the social worker.
	The patient should arrive with a 3-day supply of pain medications. Respite providers can provide acute pain management while patients are in respite. Chronic pain management needs to be addressed in a primary care clinic.
	☐ Past 24 hr opiate use:
	☐ Discharge opiate Rx is of sufficient dosing and quantity ☐ Bowel Meds Rx
+	Follow-up? If indicated, patient should have orthopedic, burns, general surgery, etc appts scheduled before discharge and entered on referral form. On weekends, if specialty appointments can't be scheduled, the referral process should be initiated by discharging facility. Get info on clinic name and when f/u should occur. Respite will schedule primary care appts. All pts on IV abx need ID apt and those on wound vacs need f/u in plastics/wound care clinic.
	Specialty clinic: Date & time:
	Discharge Summary Have the DC Summary & medication list been written & faxed? This must be completed and received prior to patient arriving at respite. (May refer to EMR for HMC & UWMC. ED or clinic notes will suffice for outpatient referrals. Pts
	hospitalized < 48 hr or pre-procedure, discharge summaries not required, Refer to admit and daily notes} HMC: have pt sent from inpt to FC to switch managed care plans, if needed, to fill Rx at HMC

Referring Facility:

D/C Coordinator name:

 $\hfill\square$ Referral complete

Referral received- date & time:

Pt name: