

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

1. Call pager 206-416-0841 to page the respite screener before completing referral form.
2. Provider completes referral form. Fax referral form and discharge medication list to respite. Fax PICC line procedure note, if applicable.
3. Admissions staff will contact discharge coordinator after reviewing referral information.

☐ **Homeless:** Where did patient sleep the night before hospitalization or clinic/ED visit? _____ [Grant required]

☐ **Discharge Medication Rx/# dispensed attached** ☐ **DATES/TIMES of all subspecialty appts attached**

Not Eligible: Registered sex offenders, fecal incontinence, contagious air-borne illness

- RA O2 sat with 250 ft ambulation (required for pts with resting O2 < 94%) _____

List total dose/type of last 24 hr narcotic Rx [UWMC/HMC, respite will review MAR]

**** STAT Discharge Summary must be faxed prior to the patient's respite arrival ****

HMC2509 - REV NOV 12

Referral received- date & time:

Referring Facility:

☐ Referral complete

Pt name:

D/C Coordinator name:

H#:

D/C Coordinator phone:

[INTERNAL DOCUMENT- NOT PART OF THE MEDICAL RECORD]

Jefferson Terrace Respite Intake Assistance Form PH: 206-744-5200 Fax: 206-744-5233

<input type="checkbox"/>	Sex offender or on readmission criteria list? Can't accept sex offenders. Check website: http://www.nsopw.gov/en-us <input type="checkbox"/> Pt is not a registered Sex Offender <input type="checkbox"/> Pt is not on the readmission Criteria List	
<input type="checkbox"/>	<input type="checkbox"/> Homeless? <input type="checkbox"/> Screener e-mailed HMC pharm <input type="checkbox"/> Provider filled out referral form <input type="checkbox"/> Face Sheet received	
<input type="checkbox"/>	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.	
<input type="checkbox"/>	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.	
<input type="checkbox"/>	Specific Medical Issues: (Address medical ?'s with RN or provider, not social worker) <input type="checkbox"/> IDDM: Each pt needs a working glucometer & supplies. NIDDM pts don't, necessarily, need glucometer. Review inpt BG control. <input type="checkbox"/> Dressing changes: Review wound care order (dressing type/frequency). 1 week's drsg supplies are requested on the referral form. <input type="checkbox"/> IV Rx: All IV abx need to go through Walgreens (referring hospital to arrange) <i>except</i> HMC charity care pts will go through HMC pharmacy. Identify funding (review face sheet). QDay, bid or 24 hr pump infusion IV abx okay. <input type="checkbox"/> IV Rx: PICC line in & insertion procedure note received (or printed from ORCA if HMC or UW) <input type="checkbox"/> IV Rx: Final date of Abx infusion is _____ <input type="checkbox"/> 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 <input type="checkbox"/> Heparin? Pt independent? RN can do qday dalteparin <input type="checkbox"/> PNA: Identify where infiltrate is located. If upper lobe infiltrate or HIV pt, review whether TB is a concern. <input type="checkbox"/> Vancomycin: Obtain last trough level and date, renal function (would ask a nurse, not a SW for this info). <input type="checkbox"/> Q2 supply has been arranged for those requiring it (small tanks only) <input type="checkbox"/> Managed Care pt: Workable arrangement for Rx fills has been arranged <input type="checkbox"/> Compression wraps? Need ABI's performed and results faxed <input type="checkbox"/> XRT or CTX: Treatment schedule faxed <input type="checkbox"/> Complicated patient: If pt not at UW/HMC, request copies of labs if they will not be included in the D/C summary.	
<input type="checkbox"/>	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. <input type="checkbox"/> Past 24 hr opiate use: <input type="checkbox"/> Discharge opiate Rx is of sufficient dosing and quantity <input type="checkbox"/> Bowel Meds Rx	
<input type="checkbox"/>	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:	
<input type="checkbox"/>	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
<input type="checkbox"/>	Medications list	