Medical Respite Referral Edward Thomas House

Jefferson Terrace, Floor 7, 800 Jefferson St., Seattle WA. 98134, 206-744-1500, Fax 206-744-5233 For Referrals, Call Respite Screener Pager: (206) 416-0841

Referral Intake 7:30 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.

DOB

Referring Provider:	Pager/Phone:			
Hospital or Clinic:	Service:	Floor/Unit:		
Discharge Coordinator:	Phone:			
<u>Medi</u>	ical Provider to complete the following	<u>ıg sections</u>		
Not Eligible: Registere	ed sex offenders, fecal incontinence,	contagious air-borne illnes	SS	
☐ Homeless; Sleeps where?(Grant Reg	Independent in r	mobility, transfers and feeding],	
Patient is agreeable to respite admission	☐ If in ETOH withd	lrawal, CIWA < 10 for 16 houlle medications ☐ N/A	rs without	
☐ Patient has an acute medical need requi	ring respite Behaviorally app active risk of sui	☐ Behaviorally appropriate for group setting (includes no known active risk of suicide attempt or assault)		
Diagnosis requiring Respite;				
nterpreter Language needed; Last Vital Signs: T max BP BP		-4		
RA O2 sat with 250 ft ambulation (required for p	HR RR RA U2 Si ots with resting O2 < 94%)	al		
or oz oar war zoo ir ambalation (roquiros for p	20 Will 100ting 02 10170)			
Current and Past Medical Problem List				
List total dose/type of last 24 hr narcotic Rx [U	WMC/HMC, respite will review MAR]			
_				
ETOH ☐ Yes ☐ No Alle	ernies:			
H/O ETOH SZ: ☐ Yes ☐ No Spe	ergies:ecial diet needs:			
I/O DT's Yes No We	eight bearing limitations:			
Orugs ☐ Yes ☐ No	<u></u>			
lumber of wounds: Wound	Care Orders:			
ollow up: low many additional hospital days (estima	atod) would at require if respite corv	icos woro not available?		
low many additional nospital days (estima	ited) would be require it respite servi	ices were not available!		
** \$\T\	Discharge Summary must arriv	o with the nationt **		
SIAIL	rischarge Summary must army	e with the patient		
☐ Discharge Medication docume	entation attached			
Send only 3 day supply of narco		er meds 1 week sunnly	of dressings	
(If discharge meds include benzodiazepi				
PROVIDER SIGNATURE	PRINT NAME	DATE	TIME	
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PT.NO	UW Medicine			
1.110	Harborview Medical Cente		inatan Dhurisisas	
	Northwest Hospital & Med Seattle, Washington	dical Center – University of Wash	ington Physicians	
	_	DECEDE * :		
NAME	MEDICAL RESPITE	KEFERRAL		
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WHITE - MEDICAL RECORD