

# \* Facility Transfer Checklist to AFH

Hospital/SNF: \_\_\_\_\_  
Discharge Planner: \_\_\_\_\_  
Phone #: \_\_\_\_\_

**\* Every facility has its own forms and protocols. This form does not replace a facility form. The goal is to ensure necessary information is provided to the AFH provider and adjunct medical practitioners for continuity of care and safety for the client.**

Patient Name: \_\_\_\_\_

Admit Date: \_\_\_\_\_

Discharge Date: \_\_\_\_\_

**Include in discharge packet** (a "nursing home packet" would include most of the items below):

- Current medication list and copy of MAR (new medications and changed doses are vital)
- Signed MD's orders for treatments, medications
- Discharge Instructions (Diet, activity, weight/vital signs monitoring and parameters, etc)
- Follow up appointments with:
- Face Sheet
- Condition on discharge (include last bowel movement, vital signs and weight)
- History and Physical
- Discharge Summary
- OT/PT/ST Summaries
- Procedures during hospital course
- Pertinent lab values needing follow up
- POLST (if patient has one)
- Nursing progress notes

## Home Health Services Referral

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

- RN       PT       OT       ST       SW       MH
- Hospice       Palliative Care

## Equipment Ordered

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

- Hospital bed       Oxygen-related equipment
- Pressure relieving mattress       Insulin pen, glucometer, and diabetes supplies
- Walker       Nebulizer
- Wheelchair       Other: \_\_\_\_\_

## Hospital Related Events (if yes, please supply documentation)

- Fall(s)       UTI       Delirium       Wounds       Infections (resp, C-Diff, MRSA, etc)

## D/C Tips for Admits and Transfers into AFHs

- **Send prescriptions to pharmacy at least 24 hours before discharge or ASAP**

- Verbal report to the AFH Provider from facility is optimal

- Increased acuity may increase care needs. The provider needs to assess if the care can be managed safely in the AFH. The RN delegator for that home may need to be contacted. (i.e.: 2 person transfer, new PEG tube, complex wound care, requiring continuing assessments.)

- PLEASE do not send patients to AFHs before required equipment is in place and essential services are ordered. Dying patients with acute needs MUST have hospice orders and intake visit accomplished or scheduled on arrival to the AFH.