

Skilled Nursing Facility (SNF) to Emergency Department (ED) Communication Form

Patient Information:

Patient Name: _____

Patient DOB: _____

Gender: Male Female

Code Status: Full Code DNRCCA DNRCC

Isolation Required: Yes No

Reason for Isolation: MRSA VRE ESBL CRE

C. diff C. auris Other: _____

Colonization or History Active Infection

Attached DNR form? Attached Isolation Form?

Party Requesting Transfer to ED: Physician Patient Family/Representative

Primary Contact Notified? Yes No

Patient Health Information:

Chief Complaint/Reason for Transfer: _____

High Risk Items/Key Points with this Patient:

Anticoagulation: Yes No N/A

Antibiotic: Yes No N/A

Pain Medication: Yes No N/A

Medication:	Time Last Dose: (AM/PM)

Medication list with last dose & time noted attached? Yes No

What services are you requesting in the ED? _____

Goals for Care (may select multiple):

- Potential Dehydration
- Manage Infection
- Workup for complex medical condition
- Rapid ED evaluation and likely return to SNF
- Significant downturn from level of care, higher care needs may be necessary
- Traumatic injury or fall evaluation

- Multiple falls, may require higher workup for pre-disposing conditions
- Emergent line placement or replacement (Foley, G-tube, PICC, etc.)
- Patient different from baseline
- Other: _____

Most Relevant Vital Signs/Diagnostics: _____

Baseline Level of Function:

- Ambulatory with 2 person
- Ambulatory with 1 person
- Wheelchair bound
- Bed Ridden

Baseline Level of Cognition:

- Awake and Oriented
- Pleasant or Mildly confused at times
- Confused and Agitated
- Non-verbal

Transferring Facility Information:

Facility Name: _____ Phone #: _____

Level of Care: Skilled Stay (Rehab) Long Term Resident Assisted Living Independent Living

Physician Sending: _____

Nurse Sending: _____

Physician Contact: _____

Nurse Call Back: _____

ED Nurse Receiving Report: _____ Date: _____ Time: _____