

# 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: \_\_\_\_\_

