Hospital to Post-Acute Care Data List



This list is intended to provide guidance on key data elements critical for safe and effective care at the time of transition of a patient out of the hospital to a post-acute care setting. It is not intended to be comprehensive. The INTERACT **Hospital Post-Acute Care Transfer Form** illustrates an example of how these data can be formatted so that the data are readily accessible for receiving clinicians.

Contact Information

- □ Patient name
- □ Language
- □ Race/Ethnicity
- Gramily/Caregiver/Proxy contact name
- Contact number
- □ Family/Caregiver/Proxy contact name (*if different*) □ Contact number

Code Status

Full Code
DNR (Do Not Resuscitate)
DNI (Do Not Intubate)
DNH (Do Not Hospitalize)
No artificial feeding
Comfort Care
Hospice
Other
Goals of care discussed with patient

Yes
No

Patient capable of making decisions

Yes
Requires proxy

Transferring Information

- Hospital name
 Unit
 Discharging RN
 Contact number
 Discharging MD
- Contact number

Post-Acute Care Information

Hospital name
 Contact number
 Verbal report given
 Contact name

Hospital Physician Care Team Information

Primary Care Physician
 Contact number
 Specialist
 Contact number

Key Clinical Information

- Vital Signs Time taken Pain rating Pain site Temperature BP HR RR O2 Saturation Weight Mental Status
 - Alert
 Disoriented, follows commands
 Disoriented, cannot follow commands
 Not alert

High Risk Conditions

□ Fall risk □ Heart failure □ New diagnosis Exacerbation this admission Date of last echo EF □ Dry weight □ Anticoagulation Reason Goal of International Normalization Ratio On PPI □ Indication(s) On Antibiotics \Box Indication(s) □ Course of treatment Diabetic □ Most recent glucose

Procedures and Key Findings

List procedures
 Surgeries
 Imaging
 Key findings

Medications/Allergies

 Medication list attached
 Hard copy for controlled substances
 Allergies
 Pain medications
 Dose
 Last given

Nursing Care

Physical and Sensory Function

Ambulation □ Independent □ With assistance □ With assistive device □ Not ambulatory Weight bearing 🗆 Full \Box Partial (L/R) \Box None (L/R) Transfer □ Self □ 1-Person assist 2-Person assist Sensory Function Sight □Hearing Devices □ Wheelchair □ Walker □ Cane □ Crutches Prosthesis □ Glasses □ Contacts □ Dentures □ Hearing aid

Hospital to Post-Acute Care Data List (cont'd)



Nursing Care (continued)

Continence □ Continent □ Bladder incontinent □ Catheter (use/indication) □ Date inserted □ Bowel incontinent □ Ostomy

Nutrition and Hydration

Diet □ Free water restriction **Eating Instructions** □ Self □ With assistance □ Difficulty swallowing \Box Attach speech therapy recommendations if available Tube feeding G-tube □ J-tube □ Date inserted □ Free Water Bolus □ Tube feed product 🗆 Rate □ Duration **Treatment and Therapeutic Devices** □ Portocath □ Date inserted Cardiac Pacemaker Other Respiratory

CPAP Bipap □ 02

Therapies

□ Physical Therapy □ Occupational Therapy □ Speech □ Respiratory □ Dialysis Skin Care □ No skin breakdown □ Pressures ulcer □ Stage □ Location □ Other wounds **Risks and Precautions** Delirium □ Agitation □ Aggression □ Unescorted exiting □ Aspiration □ Other

Infection Control Issues

Infection/Colonization □ MRSA C. difficile ESBL □ Norovirus □ Flu/respiratory **Isolation Precautions** □None □ Contact Contact-Plus □ Droplet □Airborne Immunizations □ Influenza Date □ Pneumococcal Date

Critical Transitional Care Information

- □ Summary of high-priority care within the next 24 hrs □ Pending lab and test results □ Recommended follow-up □ Tests □ Procedures □ Appointments **Attached Documents (examples)** □ Admission H&P □ Specialist consultations □ Medication reconciliation □ Operative reports Diagnostic studies Labs □ Diabetic glucose values □ PICC placement confirmation □ Rehab therapy notes □ Respiratory therapy notes
 - □ Nutrition notes
 - □ Pain ratings
 - □ Code status
 - □ Advance directives
 - □ Discharge summary