

Acute Care Transfer Document Checklist

Resident Name _____

Facility Name _____ Tel _____

Copies of Documents Sent with Resident *(check all that apply)*

Documents Recommended to Accompany Resident

_____ Resident Transfer Form

_____ Face Sheet

_____ Current Medication List or Current MAR

_____ SBAR and/or other Change in Condition Progress Note *(if completed)*

_____ Advance Directives *(Durable Power of Attorney for Health Care, Living Will)*

_____ Advance Care Orders *(POLST, MOLST, POST, others)*

Send These Documents *if indicated*:

_____ Most Recent History and Physical

_____ Recent Hospital Discharge Summary

_____ Recent MD/NP/PA and Specialist Orders

_____ Flow Sheets *(e.g. diabetic, wound care)*

_____ Relevant Lab Results *(from the last 1-3 months)*

_____ Relevant X-Rays and other Diagnostic Test Results

_____ Nursing Home Capabilities Checklist *(if not already at hospital)*

Sent with resident _____ Eyeglasses _____ Hearing Aid _____ Other (specify) _____

Emergency Department:

Please ensure that these documents are forwarded to the hospital unit if this resident is admitted. Thank you.

EMT Signature *(optional)* _____