** Hospital Transition Intake**

***Patient:***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Intake RN Care Manager:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEDICATION:**

DISCHARGE MEDICATION RECONCILIATION:

O Medications reconciled without changes O New medications identified

O Discontinued medications identified O Discontinued medications properly disposed

*NEW MEDS DISCONTINUED MEDS*

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MEDICATION EDUCATION

O Patient able to list new medications O understands reason for medication and potential side effects

O education given about new medications O questions answered about medication

O further education needed

MEDICATION MANAGEMENT:

O No assistance needed for medication management O Mediset started for medication management

O Medication list provided O Dosing chart provided O Alarm reminder set up and demonstrated

O Further education needed

MEDICATION REFILLS:

O No refills needed at this time O Medications refilled O Barriers present to ongoing refills

**PERSONAL HEALTH RECORD**:

PHR UPDATED:

O Medication list updated O Allergies updated O Medication problem list updated

O Surgical History updated O Social History updated O Vaccinations updated

O Family Medical History updated

*Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

EDUCATION:

O Education given about the importance of the PHR O Encouragement given about bringing the PHR to future visits

WEB PORTAL:

O Patient expressed interest in web portal O Family members or care giver interested in web portal

O Patient signed up for the web portal O More education needed

**MEDICAL CARE**:

FOLLOW UP:

O Follow up visit established with PCP O Follow up visit established with specialist O Follow up visit established with OT O Follow up visit established with home health O Follow up visit established with Mental Health

O Barrier to care identified

LAB:

O Follow up lab needed O No labs needed O Barrier to care identified

DIAGNOSTIC IMAGING:

O Pending DI needed and appointment made O No DI needed O Barrier to care identified

PROCEDURE:

O Medical procedure needed and appointment made O No procedure indicated O Barrier to care identified

EDUCATION:

O Role play provided for appointment scheduling O Role play provided for medical encounter

O Questions developed for PCP or specialist O Agenda setting explained O Further education needed

**RISK REDUCTION**:

DISCHARGE INSTRUCTIONS:

O Discharge instructions reviewed O Patient unclear of instruction

O Patient not given instructions prior to discharge

SELF MANAGEMENT

O Self-management discussed O Areas of poor self-management identified

O Further self-management support needed O Support needed for care giver

RED FLAGS:

O Potential medication adverse events discussed O Symptoms of worsening disease reviewed O Intervention plan discussed for adverse events or worsening disease O Discussed when PCP or Care Team should be notified

SYMPTOM MANAGEMENT:

O Pain management plan established O Bowel care regimen discussed

RISK FACTORS:

O Fall risk elevated-education given and plan established O Mental Health risk identified-education and plan established O Sedation risk-education given and plan established

**REFERRAL/OTHER**:

DURABLE MEDICAL EQUIPMENT

O Order submitted for adaptive device O Order submitted for bedside commode O Order submitted for catheter supplies O Order submitted for hospital bed O Order submitted for ostomy supplies

O Order submitted for shower bench/chair O Order submitted for walker O Order submitted for wheelchair

O Order submitted for wound care supplies O No DME needed

COMMUNITY RESOURCES:

O Referral made for aging services O Rererral made for Hospice services O Referral made for IHSS

O Referral made for spiritual support/resources O Referral made for transportation services O No Referral needed

HOME HEALTH:

O Referral made for home nursing evaluation O Referral made for home PT

O Referral made for home OT evaluation O Referral made for frail elderly program O No Referral made