



ACUTE CARE TRANSFER DOCUMENT CHECKLIST

RESIDENT NAME _____

COPIES SENT WITH RESIDENT (Check all that apply):

These documents should ALWAYS accompany patient:

- _____ Resident Transfer Form
- _____ Face Sheet
- _____ Current Medication List or Current MAR
- _____ Advance Directives
- _____ Care limiting Orders
- _____ Out of hospital DNR
- _____ Bed hold policy

Send these documents IF INDICATED:

- _____ SBAR/Nurse's Progress Note
- _____ Most Recent History & Physical and any recent hospital discharge summary
- _____ Recent MD/NP/PA Orders related to Acute Condition
- _____ Relevant Lab Results
- _____ Relevant X-Rays

PERSONAL BELONGINGS SENT WITH RESIDENT:

- _____ Eyeglasses _____ Hearing Aid _____ Dental Appliance
- _____ Other (specify)

Signature of ambulance staff accepting envelope: _____

(Please make a copy and keep this for your records in the nursing home)