



Orange Base Hospital
SUB-ACUTE CARE TEAM
HANDOVER INFORMATION

MRN: _____

Client's Name: _____

Address: _____

D.O.B _____ / _____ / _____

GWAEZ

SUB-ACUTE CARE TEAM – ORANGE HEALTH SERVICE - HANDOVER INFORMATION AND GOALS

Transfer to: _____ Date: _____

Social Situation:

Presenting Problem:

For relevant past Medical History, please see Medical Discharge Summary.
Surgical / Medical Intervention:

Skin Integrity / Wound Management

Pressure Care:
Bowel / Bladder Management:

Outstanding issues

NAME: _____ SIGNATURE & DATE: _____ PHONE: _____

PHYSIOTHERAPY
Mobility/Transfers:
Goals/Plan:

Handover provided
to local PT:

NAME: _____ SIGNATURE & DATE: _____ PHONE: _____

OCCUPATIONAL THERAPY

Functional / ADL
Status & Cognition:
Home Environment:
Equipment needs
Goals/Plan:
Handover provided to
local OT:
NAME:
Joanna Tully

SIGNATURE & DATE: _____

PHONE: _____ 0408 742 155

SPEECH PATHOLOGY



Orange Base Hospital
SUB-ACUTE CARE TEAM
HANDOVER INFORMATION

MRN:	_____
Client's Name:	_____
Address:	_____ _____
D.O.B	___/___/___

IGWAEZ

Swallow:

Communication:

Goals/Plan:

Handover provided to local SP:

NAME:
Danielle Leahey

SIGNATURE & DATE
PHONE: 0407 165 217

DIETETICS:
Nutritional status and Management:
Discharge Diet / Supplements

Handover provided to local Dietitian:

NAME:
Josie Lowe

SIGNATURE and DATE:
PHONE: 0428 610 722

SOCIAL WORK

Psychological
Emotional State
Family / Placement Background

Patient / Family Concerns

Patients Future Social Work Needs/ Goals/complexity

NAME: Meagan Beasley
SIGNATURE
PHONE : 0409457261

OTHER RELEVANT INFORMATION

Thank-you for continuing the care of this patient.

CONTACT DETAILS:
SUB-ACUTE CARE TEAM
Rehabilitation Unit
Orange Health Service
PO Box 319
Orange 2800 PH: (02) 63697308 Fax: (02) 63603906

For further information please contact:
Rehab /Sub-acute Clinical Nurse Consultant:
Kate Polain PH: 0400 864 211
OR Team Leader
Danielle Leahey PH: 0407 165 217



MRN: _____

Client's Name: _____

Address: _____

D.O.B _____/_____/_____

Orange Base Hospital
SUB-ACUTE CARE TEAM
HANDOVER INFORMATION

WGAEEZ

↑ m ä

Orthopaedic Restrictions

Non Weight Bearing (NWB) 6 weeks post operatively

No weight is to be placed through the affected limb. The foot is to remain above the ground until reviewed by the surgeon.

This means they will need to:

Hop with _____

Be transferred with _____

Touch Weight Bearing (TWB) 6 weeks post operatively

No weight is to be placed through the affected limb. The foot can only touch the ground until reviewed by the surgeon. They can only walk with a frame or 2 crutches until reviewed by the surgeon.

This means they will need to:

Walk with _____

Partial Weight Bearing (PWB) 6 weeks post operatively

Up to half the person's body weight can be placed through the affected limb. They can only walk with a frame or 2 crutches until reviewed by the surgeon.

This means they will need to:

Walk with _____

Weight Bear as Tolerated (WBAT)

Patient is able to walk and place full weight through the affected limb within pain limits.

Fracture Clinic Appointment:

Date: ___/___/___ **Time:** _____ hrs

This patient was reviewed by the Rehabilitation Physician post-operatively and placed on the waiting list for the Orange Health Service Rehabilitation Unit.

It is advisable to contact the Rehabilitation Unit (Ph:63693121) the week before the Fracture Clinic appointment, to discuss bed availability.

This patient was not considered appropriate for rehabilitation. Please contact the Sub-acute Care Team if you feel we can be of any assistance.

If orthopaedic clearance is determined at the Fracture Clinic (i.e. Weight Bearing as Tolerated - WBAT), the Rehabilitation Unit (p: 63693121) should be informed by the Orthopaedic Team.

If this patient has remaining restrictions following the fracture clinic visit, they will need to return to your facility, until the next review/appointment.

PLEASE NOTE:

The orthopaedic restrictions that have been recommended by the surgeon are a prescription for bone healing.

Please refer to the Sub-acute Care Team's handover for management of this patient in the interim.

