

TRANSFER of CARE from ORANGE HEALTH SERVICE

Unit:..... Phone:.....

TO.....



AFFIX PATIENT STICKER

Accepting Medical Officer: _____
NOK notified Yes No
Allergies _____

RISK ASSESSMENTS (include falls, skin integrity (please attach MDRA forms))

Infection Status: _____

CURRENT SITUATION
Diagnosis (on admission)

OPERATIONS/INVESTIGATIONS

END OF LIFE DIRECTIVE/GUARDIANSHIP (please see attached)

CURRENT CLINICAL STATUS (see attached copy of SAGO chart including any altered criteria)

CLINICAL OBSERVATIONS on Transfer	MEDICATIONS (see attached copy)
BP: _____ Pulse: _____ Temperature: _____ Oxygen Saturations: _____ Recent abnormal pathology: _____	(Highlight any high risk drugs) A- antibiotics, P – Potassium and other electrolytes, I – Insulin N – Narcotics and other sedatives, C – Chemotherapeutics, H – Heparin and anticoagulants

This Transfer of Care form is to be completed for all patients being transferred to Neighbouring Facilities, RACF's or whose ongoing care needs will be met by a community service provider. All fields must be addressed & the form signed and dated.

CURRENT WOUND MANAGEMENT (Include any wound management charts)

NUTRITION, DIET & SWALLOW (Speech Therapist or Dietician involvement)

CONTINENCE MANAGEMENT (include history, aperients, IDC's PVR's)

Urinary: _____

Bowel Management (aperients) _____

ACTIVITIES OF DAILY LIVING

Mobility: _____

Weight bearing Status: _____

Assistance with ADL's: _____

EQUIPMENT NEEDS

COGNITION & COMMUNICATION (includes delirium, mental health issues & is to be supported by any completed screening tools)

SOCIAL CIRCUMSTANCES & DISCHARGE PLANNING/ON GOING MANAGEMENT/REFERRALS

Can the accepting facility meet the current needs of this patient?

Yes No

SIGNATURE _____

Designation _____

Date _____

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