

DISCHARGE / TRANSFER CHECKLIST -- FOR TRANSFER OF PATIENTS TO INPATIENT REHAB/CCC

Inpatient rehab/CCC should be notified before transfer of patient if:

- Patient requires medications not usually available in a rehabilitation pharmacy
- Any changes in infection status
- New IV insert
- Significant change/deterioration in medical condition

If the following information is not included in your discharge summary report, please attach the most recent and relevant documents for the information below.

Relevant Investigations	Status Reports
<ul style="list-style-type: none"> <input type="checkbox"/> Labwork <input type="checkbox"/> CT scan report <input type="checkbox"/> MRI Scan report <input type="checkbox"/> ECG <input type="checkbox"/> INR (5 day coumadin dose history) <input type="checkbox"/> Videopharyngeal Swallowing report <input type="checkbox"/> Chest X-ray report <input type="checkbox"/> Other (specify) 	<ul style="list-style-type: none"> <input type="checkbox"/> Patient care plan <input type="checkbox"/> Current voiding status <input type="checkbox"/> Current diet orders <input type="checkbox"/> Current medication administration record (MAR) <input type="checkbox"/> IV Therapy <input type="checkbox"/> Current Infection Control Status <input type="checkbox"/> Current wound management <input type="checkbox"/> G-tube feeds/type/tube size/schedule/change date <input type="checkbox"/> Ostomy <input type="checkbox"/> Current O₂ rate and flow <input type="checkbox"/> Advance Care Directives
Treatment Reports	Follow Up / Treatment Appointments
<ul style="list-style-type: none"> <input type="checkbox"/> Consultation notes <input type="checkbox"/> Medical discharge summary <input type="checkbox"/> Last OT, PT, SLP, SW assessment and progress notes 	<ul style="list-style-type: none"> <input type="checkbox"/> Type of Appointment <input type="checkbox"/> Appointment Date/Time/Location <input type="checkbox"/> Preparation Required