LAKEVIEW PASS

Patient Sticker Here

Send Sheet of Patient Labels

TRANSPORT, TRANSFER, AND DISCHARGE HAND OFF COMMUNICATION

Date: _____

RN Name: _____

Extension / Time: _____ _____

Two Indentifiers **(Name, Date of Birth)**

☐ Yes – Transporter Initials _____

☐ Yes – Description Initials _____

☐ Yes – Transporter Initials _____

S Situation

Destination _____

Mode of Transportation: ☐ Cart ☐ Wheelchair ☐ Other: _____

Multiple Tests Ordered: ☐ Yes ☐ No

B Background

Allergies ☐ Yes ☐ No Isolation ☐ Yes ☐ No

Type: _____

DNR ☐ Yes ☐ No Language Barrier ☐ Yes ☐ No

Fall Risk ☐ Yes ☐ No Telemetry ☐ Yes ☐ No

Safe Exit Side ☐ Left ☐ Right ☐ See Over

Other Precautions: _____

A Assessment

☐ IV Fluid ☐ Restrains ☐ NPO

☐ Pacemaker ☐ O_2 @ ___ Liters ☐ _____

Mental Status: ☐ Oriented ☐ Disoriented

Impairment: ☐ None ☐ Speech ☐ Hearing ☐ Vision

R Recommendation

☐ Slide Board ☐ EZ Stand ☐ EZ Lift ☐ Other _____

Staff Needed: Assistant(s): ☐ 1 Staff ☐ 2 Staff ☐ N/A

POST NOTE

Test Complete ☐ Yes ☐ No

☐ Comments (over)

Note: *This Form is not part of the medical record*

LAKEVIEW PASS

Comments: _____