

COVID-19: Hospital Hand-Off to Nursing Home

For hospital staff to use when discharging a patient to a nursing home, travels with resident to communicate key patient information to nursing home, **travels with resident** to communicate key patient information to nursing home

Time/Date: _____

Nursing Facility Information	Facility Name: _____	
Resident Identifiers	Nurse Contact Name: _____	Callback #: _____
Emergency Contact	Name: _____	Phone #: _____
Advance Directives	<input type="checkbox"/> Full Code <input type="checkbox"/> DNR <input type="checkbox"/> POST If POST: (send copy to nursing facility) <input type="checkbox"/> Comfort Measures <input type="checkbox"/> Limited Additional Interventions <input type="checkbox"/> Full Interventions	
Transportation Arrangements		
Hospital Information	Nurse Contact Name: _____	Callback #: _____

Has the patient experienced any of the following symptoms in the past 2 weeks?

- | | |
|---|--|
| <input type="checkbox"/> Elevated temp. (>99.0) | <input type="checkbox"/> Sore Throat |
| Date of last elevated temp: _____ | |
| <input type="checkbox"/> Cough | <input type="checkbox"/> Muscle Aches |
| <input type="checkbox"/> Shortness of Breath | <input type="checkbox"/> Nausea/Vomiting |
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> Diarrhea |

Has this patient been tested for COVID-19? Yes, test date: _____ No: _____

If yes, what was the result? Positive Negative Pending – send all follow-up needed

Is the patient in isolation? Yes, start date: _____ No, d/c date: _____

Does this patient use CPAP, BiPAP, or nebulizers? Yes No

If yes, discuss changing nebulizers to inhalers with spacers before discharge.

Does this patient need oxygen? Yes No

Last V/S-Time _____ B/P _____ HR _____ RR _____ Temp _____ O₂ Reading _____ O₂ Required _____

Relevant Hospital Course:

<i>Category 1</i>	<i>Category 2</i>	<i>Category 3</i>	<i>Category 4</i>	<i>Category 5</i>
No COVID-19 clinical concern	COVID-19 clinical concern, but neg test	COVID-19 clinical concern, test pending	+ COVID-19 test, d/c'd transmission-based precautions	+ COVID-19 test, active transmission-based precautions
No fever, no cough, no SOB - admission or return via standard process	Negative test in hospital - standard process. Transmission-based precautions may be needed	Pending tests will not be transferred to LTCF. NO transfer until test results are completed. Transmission-based precautions may be needed	Afebrile for 3 days without medication AND improvement in respiratory symptoms AND 7 days have passed since original symptoms appeared	Separate unit needed for patient, PPE needed, possible consultation from ISDH Strike Team for preparation

Authors: Janice Shipley RN, Jenna Beard, MSN, RN, Russell Evans, MHA, RN, BSN, Kathleen T. Unroe, MD, MHA