skymac GROUP | Avalon Village | Thornfield Cottages Quality Care & Support

HOSPITAL TRANSFER AND CARE INFORMATION

PHOTO

Resident's Personal Information		
First Name:	**Last Name:**	
D.O.B:	**Pension No:**	**Medicare No:**

Hospital Transfer Information	
Date of transfer:	**Time of transfer:**
Transferred to:	**Transferred by:**
Reason:	

ALERTS

Medical

- ☐ I have allergies (may include food, latex, medications including general anaesthetic)
- ☐ I have swallowing difficulties (Dysphagia)
- ☐ I have a family history of complications with anaesthetic

Attachments

- ☐ Note/summary from my GP
- ☐ Behaviour Support Plan
- ☐ Advance Care Plan
- ☐ Current medication list/Webster pack
- ☐ Medication history
- ☐ Mealtime Management Plan
- ☐ Communication plan, related tools/aids/devices
- ☐ Substitute decision maker documentation

Important information about my care

- ☐ I need someone who knows me well to be with me. I need this to be able to communicate with staff and/or remain calm and keep everyone safe
- ☐ I have communication support needs (e.g., device, speech impairment, ESL, deaf/hard of hearing, blind
- ☐ I may hurt myself when scared or confused
- ☐ I may hurt others when scared or confused
- ☐ I might try to run away if I am scared or confused
- ☐ I have a hard time staying still
- ☐ I have physical care needs (e.g., eating, mobility, bathing)

Notes:

Health Information	
Diagnosis/disabilities:	☐ **Medication list attached**
General Practitioner:	**Phone:**
Pharmacy Name:	**Phone:**
Notes:	

Health decisions are usually made:		
☐ On my own	☐ With support	☐ By my substitute decision maker

Next of Kin Contact Details (for contact between the hours of 9am and 5pm, unless emergency)	
First Name:	**Last Name:**
Relationship:	**Phone:**
Substitute Decision Maker Details (if applicable)	
First Name:	**Last Name:**
Relationship:	**Phone:**
Accommodation Details (for contact ONLY between the hours of 5am and 9pm)	
Address:	
Phone:	**Email:**

My Communication and Support Needs

Normally I communicate by:

- ☐ Speaking
- ☐ Speaking, but I don't like speaking to strangers
- ☐ Speaking, but I only have a few words that I use
- ☐ Using a picture, letter board or device
- ☐ Facial expressions, I have no other way to communicate, and I may not be able to tell you about pain

Things you can do to help me understand:

- ☐ Look at me when you speak
- ☐ Speak slowly
- ☐ Use pictures
- ☐ Write it down
- ☐ Repeat things
- ☐ Use gestures
- ☐ Let my caregiver or carer explain
- ☐ Use simple language
- ☐ Ask me to repeat it back
- ☐ Put my hearing aid in
- ☐ Speak louder so I can hear you because I am hard of hearing

To help me with medical procedures (e.g., needles, x-rays, or bloodwork):

- ☐ Show and tell me what you are doing
- ☐ Let me ask questions
- ☐ Use numbing cream for needles
- ☐ Be quiet so I can concentrate
- ☐ Remind me to take deep breaths
- ☐ Tell me how well I am doing
- ☐ Hold my hand
- ☐ Remind me to count to ten
- ☐ Suggest a little something to look forward to after
- ☐ Get me to look away and proceed as quickly as possible
- ☐ Play music or sing
- ☐ Other:

Mobility	Eating and Drinking	Showering	Dressing
☐ Independent	☐ Independent	☐ Independent	☐ Independent
☐ Supervision	☐ Supervision	☐ Supervise	☐ Supervise
☐ Assistance required	☐ Some assistance	☐ Assist	☐ Assist
☐ Equipment (specify)	☐ Full assistance		
_____			

Toileting	Urinary Continence	Faecal Continence	Behaviours
☐ Independent	☐ Yes	☐ Yes	☐ Very aggressive
☐ Supervise	☐ No	☐ No	☐ Unpredicted responses
☐ Some assistance			☐ Restlessness
☐ Full assistance			

Discharge Information	
Date of discharge:	**Time of discharge:**
Destination of transfer:	
Mode of transport: ☐ QAS transport ☐ Taxi Voucher ☐ 24hr notice for Accommodation facility supports (if applicable) ☐ Relative/Friend	
Have any of the following been supplied by the hospital? If not, <u>follow up required.</u> ☐ Discharge summary ☐ Medication scripts ☐ Nursing summary ☐ Allied health documents ☐ Transfer of Care summary ☐ Care Plan	