

HUNTSMAN ADMISSION/TRANSFER RN REPORT SHEET

HCHS Fax # 2-2902 ext. 1-2436 HCHS Fax # 2-2902 ext. 7-0448

TIME: _____

S <small>Subject</small>	*Patient Name: _____ *MRN: _____ Room #: _____ *Date: ____/____/____ *Accepting Follow-Up: _____ Admitting From: _____ *Admitting With: _____ *RN: _____ *Phone # on pager #: _____ *Reason for Admission: _____
B <small>Background</small>	Best Current Hx: _____ Last Update: _____ Other relevant Med/Surg Hx: _____ Allergies: none/other: _____ Admitting accompanying patient (family/social support): _____
A <small>Assessment</small>	*Vital Signs: BP ____/____ HR ____ RR ____ Temp ____ SpO2 ____ *NI Requirement: _____ *Hem: O2? y/n *PAIN (1-10): _____ *Wound? _____ *Nausea? y/n *Medications given and times: _____ *IV access: _____ *Hydration/Urile going: _____ *Analgesics given and times: _____ Any procedures/sens done in clinic (Base Motion Rx, srgs, blood, etc) Labs drawn and any significant results: _____ Location of wounds/lines/cannulas/obstructions: _____ *Fall Risk? y/n *LOC? alert/oriented confused (circle one) *Ambulatory status: w/ ambulatory walker/cane/stroller (circle one) To-do List (any orders): _____
R <small>Recommendation</small>	Order comments/Plan of Care: _____ Red Flags: _____

*required information

***Nurse will call floor 10-15 minutes after report is faxed to confirm accepting nurse received the fax and will answer any questions before transferring patient to assigned bed.