

## HUNTSMAN ADMISSION/TRANSFER RN REPORT SHEET

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

TIME: \_\_\_\_\_

<b>S</b> <small>Subject</small>	*Patient Name: _____ *MRN: _____ Room #: _____ *Date: ____/____/____ *Accepting Follow-Up: _____ Admitting From: _____ *Admitting With: _____ *RN: _____ *please # on page #: *Reason for Admission: _____
<b>B</b> <small>Background</small>	Best Current Hx: Last Update: Other relevant Med/Surg Hx: Allergies: none/allerg: Admitting accompanying patient (family/social support):
<b>A</b> <small>Assessment</small>	*Vital Signs: BP ____/____ HR ____ RR ____ Temp ____ SpO2 ____ *NI Requirement: _____ *Hem: (G?) y/n *PAIN (1-10): _____ *Wound(s): _____ *Nausea: y/n *Medications given and times: *IV access: *Hydration/Urile going: *Apathetic 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/oblems: *Fall Risk? y/n *LOC? alert/oriented confused (circle one) *Ambulatory status: w/ ambulatory walker cane stretcher (circle one) To-do List (any orders)
<b>R</b> <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.