



## Discharge / Transfer Checklist For Transfer of Patients to Inpatient Rehab/CCC

**Inpatient rehab/CCC should be notified before transfer of patient if:**

- Patient requires medications not usually available in a rehabilitation pharmacy
- Any changes in infection status
- New IV insert
- Significant change/deterioration in medical condition

**If the following information is not included in your discharge summary report, please attach the most recent and relevant documents for the information below.**

Relevant Investigations	Status Reports
<input type="checkbox"/> Labwork <input type="checkbox"/> CT scan report <input type="checkbox"/> MRI Scan report <input type="checkbox"/> ECG <input type="checkbox"/> INR (5 day coumadin dose history) <input type="checkbox"/> Videopharyngeal Swallowing report <input type="checkbox"/> Chest X-ray report <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Patient care plan <input type="checkbox"/> Current voiding status <input type="checkbox"/> Current diet orders <input type="checkbox"/> Current medication administration record (MAR) <input type="checkbox"/> IV Therapy <input type="checkbox"/> Current Infection Control Status <input type="checkbox"/> Current wound management <input type="checkbox"/> G-tube feeds/type/tube size/schedule/change date <input type="checkbox"/> Ostomy <input type="checkbox"/> Current O <sub>2</sub> rate and flow <input type="checkbox"/> Advance Care Directives
Treatment Reports	Follow Up / Treatment Appointments
<input type="checkbox"/> Consultation notes <input type="checkbox"/> Medical discharge summary <input type="checkbox"/> Last OT, PT, SLP, SW assessment and progress notes	<input type="checkbox"/> Type of Appointment <input type="checkbox"/> Appointment Date/Time/Location <input type="checkbox"/> Preparation Required