

**Harborview Medical Respite: Edward Thomas House**  
**Phone 206-744-5277, Fax 206-744-5233**  
**7<sup>th</sup> Floor Jefferson Terrace: 800 Jefferson St. Seattle WA 98104**

<b>Respite Description:</b> <ul style="list-style-type: none"> <li>Temporary medical shelter for people living homeless; embedded outpatient nursing and social work</li> <li>No bedside nursing or personal care   2-3 patients/room</li> </ul>	<ul style="list-style-type: none"> <li>Pts dispense own medications.   Most discharge to shelter.</li> <li>Pts can navigate shelter environment, get to appts, &amp; care for themselves.</li> <li>Most patients need something 1-2 times/day from a nurse, short-term.</li> <li>Harm reduction: no use allowed on unit; abstinence not required</li> </ul>
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- PREscreen:** Call Respite (daytime, Mon-Sun, not holidays) before faxing referral. (All patients PREscreened for sex offender status, acuity, and other.)
- Referral:** If PREscreen ok, fax referral form and, only if requested, face sheet/clinical. (Most available electronically.)
- Medical Screening and Acceptance:** Referrals are medically screened at time of referral & continuously through acceptance/admit.
- Care Transitions:** Expect significant coordination and communication with screener prior to transfer, for these medically/socially complex referrals.

**REFERRAL COORDINATOR SECTION**

(1) Homeless Verification: Where patient slept <i>night before</i> the hospital/clinic/ED visit:	
(2) Referring Provider:	(3) Pager/Phone:
(4) Hospital/Clinic:	(5) Service (if inpatient):
(6) Discharge/Referral Coordinator:	(7) Phone:

**Patient has been informed/asked:**

(8)  **Weapons:** Firearms and other weapons not allowed at Respite. Possession of weapons is grounds for immediate discharge.

(9)  **Belongings:** May bring 3 bags of belongings to Respite. All items are heated on admit. Items left at Respite will be disposed of within 24 hours.

(10)  **Visitors:** Respite visitor policy explained to patients, especially if others are very involved in patient care and/or staying at hospital.

(11)  Male room  Female room Rooms are shared and grouped by gender. All gender expressions welcome.

**Before admit to Respite from hospitals:**

**Specialty follow-up appointments:** Confirmed dates/times of intake and dosing for methadone, suboxone, ID for all IV abx, and all other specialty f/u.

**Discharge meds**

**Quantities:** Med rec with Respite screener or discharge med list including number of pills dispensed for each med (3-day supply of narcotics based on prior 24-hour use; 30-day supply of others, including mental health & routine outpatient meds; bowel meds and intranasal Narcan if narcotics)

**Coverage:** Discharge meds in hand on arrival to Respite or hospital to verify patient's insurance taken by Harborview

**IV Antibiotics:** Hospital arranges home infusion pharmacy.

**Dressings:** 1-week supply if applicable

**Discharge Summary (Visit note required for clinic or ED referral.):** Instructions and orders helpful; discharge summary mandatory.

**MEDICAL PROVIDER SECTION** Fill in all blanks, please (31-34 if applicable). Incomplete forms cannot be accepted.

<p>(12) <input type="checkbox"/> Patient agreeable to Respite admission.</p> <p>(13) <input type="checkbox"/> Independent in mobility, transfers, and self-care</p> <p>(14) <input type="checkbox"/> Patient has an <i>acute</i> medical need requiring Respite.</p>	<p>(15) ETOH withdrawal: <input type="checkbox"/> NA or <input type="checkbox"/> If in ETOH withdrawal, CIWA &lt; 10 for 16 hours without benzodiazepines.</p> <p>(16) <input type="checkbox"/> Behaviorally appropriate for shared room, group setting (e.g., no known active risk of suicide or assault).</p>
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**Details:**

(17) Diagnosis requiring Respite: \_\_\_\_\_

(18) Allergies: \_\_\_\_\_

(19) Last VS: T max \_\_\_\_\_ BP \_\_\_\_\_ HR \_\_\_\_\_ RR \_\_\_\_\_ RA O2 Sat \_\_\_\_\_ (20) If <94%, RA O2 sat with 250' ambulation \_\_\_\_\_  NA

(21) Needs WC accessible room:  definitely  no  maybe | (22) Weight bearing:  Full  Other: \_\_\_\_\_

(23) Interpreter:  NA or  Language: \_\_\_\_\_ | (24) Substance abuse:  None  Alcohol  Drugs: \_\_\_\_\_

(25) DNAR:  No  Yes → POLST to be completed and faxed to Respite.

(26) Wound care:  NA  Daily  BID Number of wounds: \_\_\_\_\_ Current orders: \_\_\_\_\_

(27) Diet:  General  Other: \_\_\_\_\_ (28) Weight \_\_\_\_\_ lbs / kg \_\_\_\_\_

(29) Total quantity/names/route of narcotics given past 24 hrs: \_\_\_\_\_

(30) Current/Past Medical Problems: \_\_\_\_\_

(31) <b>IV Abx Only:</b> Does patient have a known history of leaving AMA during IV abx, either with or without a line? <input type="checkbox"/> Yes <input type="checkbox"/> No		
(32) End date: ____/____/20____ or <input type="checkbox"/> plan pending (33) <input type="checkbox"/> Not finalized or name/dose/frequency: _____		
(34) For vanco only: <input type="checkbox"/> NA Last trough value/date _____ Creatinine value/date: _____ Was dose changed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
(35) Provider Printed Name:	(36) Provider Signature:	(37) Date:

PLACE PATIENT LABEL HERE

**UW Medicine**  
Harborview Medical Center – University of Washington Medical Center  
UW Neighborhood Clinics – Valley Medical Center  
University of Washington Physicians Seattle, Washington

**MEDICAL RESPITE REFERRAL**

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