Medical Respite Referral: Edward Thomas House

For Referrals, Call Respite Screener: 206-744-5277, Fax 206-744-5233

7th Floor Jefferson Terrace; 800 Jefferson St., Seattle WA, 98104

Referral screening every day 8:00 AM- 4:30 PM except University of Washington observed holidays

1. Call respite screener **BEFORE** completing referral form at 206-744-5277 to discuss patient eligibility for Medical Respite.
2. Provider completes referral form including **HOMELESS STATUS**. Fax form to 206-744-5233
3. Incomplete referrals will not be accepted.
4. Respite screener will contact discharge coordinator/social worker after reviewing referral information.

***Homeless Status: Where did patient sleep **the night before the** hospital/clinic/ED visit? _____	**If this section is blank, referral will not be accepted**

DISCHARGE COORDINATOR or PROVIDER to complete the following sections

Referring Provider:	**Pager/Phone:**	
Hospital or Clinic:	**Service:**	**Floor/Unit:**
Discharge Coordinator:	**Phone:**	

Patient has been informed:

☐ **Firearms and other weapons are NOT allowed on Respite premises. Possession of weapons is grounds for immediate discharge from program.**

☐ **Patient may only keep 3 bags of belongings at Respite. Any belongings left at respite will be disposed of within 24 hours.**

Documents that Respite must receive & evaluate before acceptance to the program. *(These do not need to be faxed at time of initial inquiry.)*

► **Dates/times of subspecialty follow-up appointments-- All patients on IV antibiotics require ID f/u until antibiotics are completed.**

► **Discharge medication list including number of pills dispensed for each med.**

► **Facesheet** [demographics, medical insurance, address, next of kin, vet status]

► **Discharge Summary**

Send 1-week supply of dressings

MEDICAL PROVIDER to complete the following sections ***PLEASE FILL IN ALL AREAS***

Not Eligible: Registered sex offenders, fecal incontinence, contagious air-borne illness

☐ Patient is agreeable to respite admission

☐ Independent in mobility, transfers and self-care, not a known fall risk, able to navigate independently to appointments

☐ Patient has an acute medical need requiring respite

☐ If in ETOH withdrawal, CIWA < 10 for 16 hours without benzodiazepine medications ☐ **N/A**

☐ Behaviorally appropriate for group setting [includes no known active risk of suicide attempt or assault]

Diagnosis requiring Respite_____

Last Vital Signs: T max _____ BP _____ HR _____ RR _____ RA O2 Sat _____

RA O2 sat with 250 ft ambulation *(required for pts with resting O2 < 94%)* _____

☐ **Interpreter needed**

Language: _____

CURRENT AND PAST MEDICAL PROBLEMS:

List total dose/type of last 24 hr narcotic Rx [UWMC/HMC, respite will review MAR]

ETOH	☐ Yes	☐ No
H/O ETOH SZ	☐ Yes	☐ No
H/O DT's	☐ Yes	☐ No
Drugs	☐ Yes	☐ No

Allergies:_____

Special diet needs: ☐ None ☐ Other _____

Weight bearing: ☐ Full, all extremities ☐ Other _____

Wound care orders _____ # of wounds _____

DNAR ☐ Yes ☐ No **POLST MUST BE FAXED TO RESPITE BEFORE APPROVAL**

Follow up:_____

IV Abx Name _____ **Dose/frequency** _____ **Expected completion date**:____/____/**201__**

If Rx is **vanco**: Last trough date: _____Trough value: _____Creatinine:_____ Was vanco dose changed? □ Yes □ No

Send ***only* 3-day supply of narcotics** *(as per inpt last 24 hr use)*, **30-day supply of all other meds required**

(If discharge meds include benzodiazepines, plan and Rx for taper or plan for another provider to continue Rx must be in place)

** **Discharge Summary, with pertinent labs & pending tests, must be faxed prior to the patient's respite arrival** **

PROVIDER SIGNATURE	PRINT NAME	DATE	TIME

PT.NO

NAME

DOB

Place EPIC Label Within Box

UW Medicine

Harborview Medical Center – Northwest Hospital & Medical Center

Valley Medical Center – UW Medical Center

University of Washington Physicians Seattle, Washington

MEDICAL RESPITE REFERRAL

H2509

HMC2509 REV MAR 16