

eSTROKE REHAB Discharge Check List

Information Required at Time of Transfer to Inpatient Rehab

Inpatient rehab should be notified **before** transfer of patient if;

- Patient requires medications not usually available in a rehabilitation pharmacy e.g. non-formulary antibiotics, Antiviral HIV medications, novel antiepileptic medications
- Any changes in infection status
- New IV insert
- Significant change/deterioration in medical condition

The following documents are to be transferred with the patient: (please write ND in box if tests not done)

<i>Investigations</i>	<i>Treatment reports</i>	<i>Status reports</i>
<input type="checkbox"/> Labwork <ul style="list-style-type: none"> <input type="checkbox"/> Liver functions <input type="checkbox"/> Electrolytes <input type="checkbox"/> Hypercoagulable workup <input type="checkbox"/> CBC <input type="checkbox"/> Renal function <input type="checkbox"/> Glucose Results <input type="checkbox"/> Cholesterol results <input type="checkbox"/> Additional abnormal results <input type="checkbox"/> INR (2 week Coumadin dose history) <input type="checkbox"/> ECG <input type="checkbox"/> CT Scan report <input type="checkbox"/> MRI Scan report <input type="checkbox"/> Echocardiogram Reports <input type="checkbox"/> Holter monitor <input type="checkbox"/> Carotid Dopplers or Angiogram <input type="checkbox"/> Videofluoroscopic swallowing assessment (VFSS) <input type="checkbox"/> Fiberoptic Endoscopic Evaluation of swallowing (FEES) <input type="checkbox"/> Chest X-ray report	<input type="checkbox"/> Consultation notes e.g. neurology, psychiatry, oncology, ophthalmology, urology, neuropsychology <input type="checkbox"/> Medical discharge summary and/or Medical admission history <input type="checkbox"/> Summary of any significant treatments/complications during acute admission <input type="checkbox"/> Last assessment and progress note for each relevant discipline. <ul style="list-style-type: none"> <input type="checkbox"/> OT <input type="checkbox"/> PT <input type="checkbox"/> SLP <input type="checkbox"/> Dietitian 	<input type="checkbox"/> Patient care plan <input type="checkbox"/> Last patient transfer status bed to chair i.e. 1 person, 2 person assist <input type="checkbox"/> Current voiding status <input type="checkbox"/> Current diet orders <input type="checkbox"/> Current medication administration record (MAR) <input type="checkbox"/> Current Infection Control Status <input type="checkbox"/> If applicable <ul style="list-style-type: none"> <input type="checkbox"/> Current wound management <input type="checkbox"/> G-tube feeds/type/schedule