

Partnership for Patients



ALASKA STATE HOSPITAL &
NURSING HOME ASSOCIATION



Washington State
Hospital Association

Hospital to Skilled Nursing Facility Nurse to Nurse "Warm Handover" Verbal Report Guideline

Patient Name _____ Date of birth: _____

Report Given by: _____ to: _____

Contact number for additional questions: _____

Time expected to transfer and route of transportation: _____

Date/Time of the report: _____

Primary language: _____ Allergies: _____

Palliative care consult: Yes No Code Status: POLST: _____ POA: _____

Isolation precautions: Yes No Type: _____ 1:1 Status Yes No

Admitting diagnosis: _____

Brief hospital course: _____

Vital signs within last hour: _____

Personal preferences: _____

Patient/Family issues: _____

Mental status/Mood: _____

Ambulatory status: _____

Assistive device: Yes No

IV lines/ tubes: Yes No

Fall/Safety issues: Yes No

Skin Issues: Yes No

Swallowing issues: Yes No

Hearing Aid: Yes No

Enteral feeding: Yes No

Eye Glasses Yes No

Oxygen needs: None Mask Cannula Nebulizer BiPap Liters: _____

Wound issues: Yes No Last dressing change (Date/Time): _____

Pain issues: Yes No Last pain med given: _____

Diabetes: Yes No Next glucose draw due: _____

Anticoagulation: Yes No Type: _____ Next draw due: _____

On IV medication: Yes No Next IV med due at: _____

Last void/Last bowel movement:

Therapy concerns/Orders: PT OT ST Others

Follow up test/appointment: _____

Hard copy prescriptions included in packet (OR sign each page of electronic orders)

- For a list of medications requiring the written prescription to accompany patient to the facility, see back of form

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Please see list of Class II – IV narcotics that require a script that includes quantity and physician DEA# for transfer to a SNF

CLASS II NARCOTICS

Fentanyl

Actiq

Duragesic

Hydromorphone

Dilaudid

Morphine

Roxanol

Oxycodone containing products

Endocet

Oxycodone/Apap

Oxycontin

Oxyfast

Percoset

Roxicet

Roxicodone

Methylphenidate

Ritalin

Dextroamphetamine

Dexedrine

Adderall

CLASS II – IV

Acetaminophen/Codeine 300-30 mg (Tylenol #3)

Alprazolam (Xanax)

Androderm Patch

Androgel Gel aPackets

Carisoprodol (Soma)

Chlordiazepoxide (Librium)

Clonazepam (Klonopin)

Clorazepate (Tranxene)

Diazepam (Valium)

Diphenoxylate/Atropine (Lomotil)

Dronabinol 2.5 mg (marinol)

Flurazepam (Dalmane)

Guafenesin/Codine (robitussin AC) Cough Syrup

Hydrocodone/Acetaminophen 10-325 Z(Norco)

Hydrocodone/Acetaminophen 5-500 Tab (Vidcodin)

Hydrocodone/Acetaminophen 7.5-325 mg (Norco)

Hydrocodone/Guaifenesin (Hydromet) Cough Syrup

Lorazepam (Ativan)

Lunesta

Lyrica

Nuvigil

Phenobarbital

Provigil

Temazepam (Restoril)

Tramadol

Triazolam (Halcion)

Vimpat

Zolpidem (Ambien)