Hospital to Post-Acute Care Data List

This list is intended to provide guidance on key data elements critical for safe and effective care at the time of transition of a patient out of the hospital to a post-acute care setting. It is not intended to be comprehensive. The INTERACT Hospital Post-Acute Care Transfer Form illustrates an example of how these data can be formatted so that the data are readily accessible for receiving clinicians.

### Contact Information
- Patient name
- DOB
- Language
- Race/Ethnicity
- Family/Caregiver/Proxy contact name
- Contact number
- Family/Caregiver/Proxy contact name (if different)
- Contact number

### Code Status
- Full Code
- DNR (Do Not Resuscitate)
- DNI (Do Not Intubate)
- DNH (Do Not Hospitalize)
- No artificial feeding
- Comfort Care
- Hospice
- Other
Goals of care discussed with patient
- Yes
- No
Patient capable of making decisions
- Yes
- Requires proxy

### Transferring Information
- Hospital name
- Unit
- Discharging RN
  - Contact number
- Discharging MD
  - Contact number

### Post-Acute Care Information
- Hospital name
- Contact number
- Verbal report given
- Contact name

### Hospital Physician Care Team Information
- Primary Care Physician
  - Contact number
- Specialist
  - Contact number

### Key Clinical Information
#### Vital Signs
- Time taken
- Pain rating
- Pain site
- Temperature
- BP
- HR
- RR
- O2 Saturation
- Weight

#### Mental Status
- Alert
- Disoriented, follows commands
- Disoriented, cannot follow commands
- Not alert

### High Risk Conditions
- Fall risk
- Heart failure
- New diagnosis
- Exacerbation this admission
- Date of last echo
- EF
- Dry weight
- Anticoagulation
  - Reason
  - Goal of International Normalization Ratio
- On PPI
  - Indication(s)
- On Antibiotics
  - Indication(s)
  - Course of treatment
- Diabetic
- Most recent glucose

### Procedures and Key Findings
- List procedures
- Surgeries
- Imaging
- Key findings

### Medications/Allergies
- Medication list attached
- Hard copy for controlled substances
- Allergies
- Pain medications
  - Dose
  - Last given

### Nursing Care
#### Physical and Sensory Function
- Ambulation
  - Independent
  - With assistance
  - With assistive device
  - Not ambulatory
- Weight bearing
  - Full
  - Partial (L/R)
  - None (L/R)
- Transfer
  - Self
  - 1-Person assist
  - 2-Person assist
- Sensory Function
  - Sight
  - Hearing
- Devices
  - Wheelchair
  - Walker
  - Cane
  - Crutches
  - Prosthesis
  - Glasses
  - Contacts
  - Dentures
  - Hearing aid

(continued on reverse)
Hospital to Post-Acute Care Data List (cont’d)

### Nursing Care (continued)
- **Continence**
  - Continent
  - Bladder incontinent
  - Catheter (use/indication)
    - Date inserted
  - Bowel incontinent
  - Ostomy
- **Nutrition and Hydration**
  - Diet
  - Consistency
  - Free water restriction
- **Eating Instructions**
  - Self
  - With assistance
  - Difficulty swallowing
    - Attach speech therapy recommendations if available
- **Tube feeding**
  - G-tube
  - J-tube
    - Date inserted
  - Free Water Bolus
  - Tube feed product
    - Rate
    - Duration
- **Treatment and Therapeutic Devices**
  - PICC
  - Portocath
    - Date inserted
  - Cardiac
    - Pacemaker
    - ICD
    - Other
  - Respiratory
    - CPAP
    - BiPAP
    - O2

### Therapies
- Physical Therapy
- Occupational Therapy
- Speech
- Respiratory
- Dialysis

### Skin Care
- No skin breakdown
- Pressure ulcer
  - Stage
  - Location
- Other wounds

### Risks and Precautions
- Fall
- Delirium
- Agitation
- Aggression
- Unescorted exiting
- Aspiration
- Other

### Infection Control Issues
- **Infection/Colonization**
  - MRSA
  - VRE
  - C. difficile
  - ESBL
  - Norovirus
  - Flu/respiratory
- **Isolation Precautions**
  - None
  - Contact
  - Contact-Plus
  - Droplet
  - Airborne
- **Immunizations**
  - Influenza
    - Date
  - Pneumococcal
    - Date

### Critical Transitional Care Information
- Summary of high-priority care within the next 24 hrs
- Pending lab and test results
- Recommended follow-up
  - Tests
  - Procedures
  - Appointments

### Attached Documents (examples)
- Admission H&P
- Specialist consultations
- Medication reconciliation
- Operative reports
- Diagnostic studies
- Labs
- Diabetic glucose values
- PICC placement confirmation
- Rehab therapy notes
- Respiratory therapy notes
- Nutrition notes
- Pain ratings
- Code status
- Advance directives
- Discharge summary