

## Inter-departmental Communication

Place patient/client sticker here

*Order #	Dept.	Initial & time when done	*Order #	Dept.	Initial & time when done
_____	Cardiology	_____	_____	Nurses Station	_____
_____	Clinic	_____	_____	Oncology	_____
_____	Clinic walk in nurse	_____	_____	Operating Room	_____
_____	ER	_____	_____	Radiology	_____
_____	ICU	_____	_____	Respiratory	_____
_____	L & D/OB	_____	_____	Rehabilitation	_____
_____	Laboratory	_____	_____	Services (PT, OT, ST)	_____

- Return to \_\_\_\_\_
- Patient may leave when done \_\_\_\_\_
- Other \_\_\_\_\_
- See Admission Orders

**Allergies:** \_\_\_\_\_

**Vital Signs:** \_\_\_\_\_

**Narcotics/Sedation/Antiemetic Given/Time:** \_\_\_\_\_

**Oxygen:**  Yes  No **LPM/Route** \_\_\_\_\_ **NPO:**  Yes  No

**Code Status:**  Full  DNR  DNI  Not addressed

**Precautions:**  Contact  Droplet  Airborne

**Mode of Transportation:**  Ambulatory  Wheel chair  Cart

**Activity Level:**  Independent  Assisted

**Fall Risk:**  Yes  No **Mental Status:**  Oriented  Not oriented

**Barriers:**  HOH  Deaf  Poor Vision  Language  Illiterate

**Family/Significant other:** name: \_\_\_\_\_ relationship: \_\_\_\_\_

Where/how to locate \_\_\_\_\_

**Other:** \_\_\_\_\_

\*Rank by order number where pt. needs to go, sign initial & time when done. If they need to return, indicate as needed. Fill out information that is pertinent. Save form after use & return to department manager. Revised on 12-16-2009 G:/drive/common/forms/hand off