Discharge Lounge S.B.A.R.

S SITUATION

Nurse ____________________________ **Ward**__________
Accepted By_______________________________________
Time___________________ **Date**__________________
Patient Name______________________________________
Onward
Address____

____
Patient Ready____________

B **BACKGROUND**

Patient Condition____
Mobility____
MRSA/Infection Status_______________________________________
Medication Required____
Key/Access Requirements_______________________________________
DNR (completed for SAS) YES/NO
P.O.C. YES/NO
Are the Family aware of Discharge/Transfer YES/NO

A **ASSESSMENT**

Do you require the patient to be assessed by staff/crew prior to discharge? YES/NO

Do you require an escort for this patient? YES/NO

R **RECOMMENDATION**

CREW 1 2 3 PRIVATE CAR/ESCORT CAR OWN TAXI

Transport Required_______________ **1m/c 2m/c 2m/s scoop chair 2/4**

Approx Time for Transport___________________

Staff to collect patient YES/NO

Staff informed transfer cost attached to the ward YES/NO

Additional Information:- (on admission to D/L)
Additional Clinical Information
SIGNED: **DESIGNATION:** **DATE:**

Discharge Lounge Form

PLEASE NOTE: **INFORMATION MUST BE CLEARLY PRINTED**
FIELDS MARKED WITH AN * ARE MANDATORY
CIRCLE WHERE REQUIRED

<table>
<tr><td>WARD</td><td colspan="3"></td><td colspan="2">Ward Contact No.</td><td colspan="2"></td></tr>
<tr><td>DATE</td><td colspan="3"></td><td colspan="2">Time of Discharge</td><td colspan="2"></td></tr>
<tr><td>*NAME</td><td colspan="7"></td></tr>
<tr><td>ADDRESS</td><td colspan="7"></td></tr>
<tr><td>*DIAGNOSIS</td><td colspan="7">Clinical condition:</td></tr>
<tr><td>*INFECTION</td><td colspan="3">MRSA Yes / No</td><td colspan="4">C.DIFF Yes / No</td></tr>
<tr><td>ALLERGIES</td><td colspan="7">Yes / No
Please detail:</td></tr>
<tr><td>*RESUS STATUS</td><td colspan="7">Yes / No *NO = (DNR form Requires Completion)</td></tr>
<tr><td>DISCHARGE ARRANGEMENTS</td><td colspan="7"></td></tr>
<tr><td>CARE PACKAGE</td><td colspan="2">Yes / No</td><td colspan="2">Time care package starts</td><td colspan="3"></td></tr>
<tr><td>DESTINATION</td><td colspan="2"></td><td colspan="2">Destination Tel No.</td><td colspan="3"></td></tr>
<tr><td>*NEXT OF KIN NUMBER</td><td colspan="2"></td><td colspan="2">HOUSE KEYS</td><td colspan="3"></td></tr>
<tr><td>MODE OF TRANSPORT</td><td colspan="2"></td><td colspan="2">NUMBER OF STAIRS</td><td colspan="3">* Yes / No</td></tr>
<tr><td>FALLS RISK ASSESSMENT</td><td>Yes / No</td><td colspan="2">WHEELCHAIR
Leg extension</td><td colspan="2">Yes / No
Yes / No</td><td>ZIMMER</td><td>Yes / No</td></tr>
<tr><td>PACKED LUNCH</td><td colspan="2">Yes / No</td><td colspan="2">VALUABLES</td><td colspan="3">Yes / No (description req'd)</td></tr>
<tr><td>DISCHARGE DRUGS</td><td colspan="2">Yes / No</td><td colspan="2">*Venflon Checked:</td><td colspan="3">Yes / No</td></tr>
<tr><td>MEDICINES REQUIRED 12 NOON</td><td colspan="2">Yes / No</td><td colspan="2">Insulin req'd</td><td colspan="3">Yes / No</td></tr>
</table>

PLEASE PRINT

***Name & Designation:** ____

*Date: _______________________