

UCLA GERIATRICS DISCHARGE TO SNF CHECKLIST

A. Keys To a Safe & Well-Orchestrated Handoff

- **A COMPLETE INTERFACILITY ORDER (IFO):** The IFO serves as the Admission Orders at the SNF. If revised, only the updated, final copy must be sent with patient. All orders must be entered in the IFO. At the SNF, nurses will not carry out 'orders' written in H&P & DC summary documents and 'orders' conveyed to patients. No IFO, no SNF admission. Wrong IFO, wrong SNF admission orders. **Always review the printed copy of the IFO for accuracy** (the copy is located in the discharge packet that the unit secretary prepares for each SNF discharge).
- **DISCHARGE SUMMARY:** must include pending tests results that need to be followed-up by the accepting SNF MD (e.g. urine culture, path report).
- **SIGNOUT** to the accepting SNF MD: Send by email (method preferred by Geri SNFists) with an FYI alpha page notifying of the impending admission for inpatient discharges. See AMION for the updated accepting MD info for SNFs served by UCLA Geriatricians and Hospitalists.

B. Discharge Interfacility Orders (IFO): Please go over this checklist carefully when creating the IFO document.

MEDICATIONS	
<i>Note: SNF pharmacies are located off-site. Administer time-sensitive meds (e.g. IV antibiotics, pain meds, blood pressure meds) prior to hospital discharge (there is always a several-hour medication delay because meds cannot be requested until patient arrives).</i>	
D	Special meds (e.g., oral chemo, epoetin α , IV antibiotics) cleared by case manager with accepting SNF
D	Antibiotics has both diagnosis and stop date indicated. Enter info in 'note to pharmacy' as text (under 'class')
D	Anticoagulant includes diagnosis (and, if warfarin, the target INR range). Enter info as above.
D	Antihypertensives and chronotropics include holding parameters
D	If on sliding scale insulin, scale details are included
D	If on psychotropics, informed consent has been documented in the H&P or discharge summary (Psychotropics may get discontinued upon SNF admission if no consent is documented)
D	Medications administered <i>via</i> G tube in strictly NPO patients are carefully ordered as such
D	Routes for pain medications are oral, transdermal, or suppository (in general, IV pain meds are unavailable at the SNFs). Note: ALL scheduled drugs must be accompanied by a signed triplicate attached to the IFO
D	Bowel regimen is included, routine or PRN. If routine, please add to hold for loose stools.
D	Pharmacologic DVT prophylaxis is continued if indicated during hospitalization
D	Respiratory treatment orders are feasible (unrealistic to expect suctioning >2 x/day or nebulizers > 3x/day)
ADDITIONAL IFO ORDERS (Note: SNF staff won't take orders conveyed to patients; orders must come directly from MD)	
D	Weight bearing instruction is indicated in the IFO for pts with orthopedic injury/surgery
D	Code status is written (If there is a POLST, most up to date POLST is included in discharge packet; instruct unit secretary)
D	Diet specifies consistency of solids and liquids if other than regular. If poor oral intake, consider liberalizing diet and fluid intake.
D	Labs: if following hemoglobin, electrolytes, creatinine, or drug levels, a plan for follow-up has been made. When entering order, indicate when expected. For 'class' and 'resulting agency', select 'external'. (If closer follow up than within 72 hours is needed, must include in the sign-out)
D	If on warfarin, must include next PT/INR date and target INR.
D	CPAP or BiPAP (if applicable) already owned by the patient & specifically ordered in IFO with settings
D	Wound vacs & other special equipment have been cleared by the case manager with accepting SNF
D	Follow-up appointments have been requested in the IFO (appointments that are necessary and time-sensitive. Do not request for PCP follow-up; it will be handled by the SNF team upon discharge from SNF.
D	PT, OT, and Speech Therapy ordered as appropriate
D	Orders are written under for wound care/drain instructions, PVR checks, intermittent cath, etc.

C. Things to Keep in Mind When Planning SNF Discharge

- **Timing is everything:** discharges should occur as early as possible for many reasons, the paramount ones are to avoid missed medications and to minimize impact on delirium due to change of location at night.
- **SNF MD: is generally not on site at the time patient arrives; has up to 72 hours to see the patient.**
- **Nursing: RN:** SNFs with <99 beds are required to have 1 RN during the day shift (8 hrs); SNFs with >99 beds are required to have 1 RN per shift. Therefore, orders requiring an RN for administration such as IV pain meds, are generally impractical in the SNF. **LVN:** administers all oral, SC & neb tx. Ratio varies from 1 LVN per ~25-30 patients. **CNA:** assists feeding, toileting, dressing, etc. Ratio varies from 1CNA to ~7-13 patients.