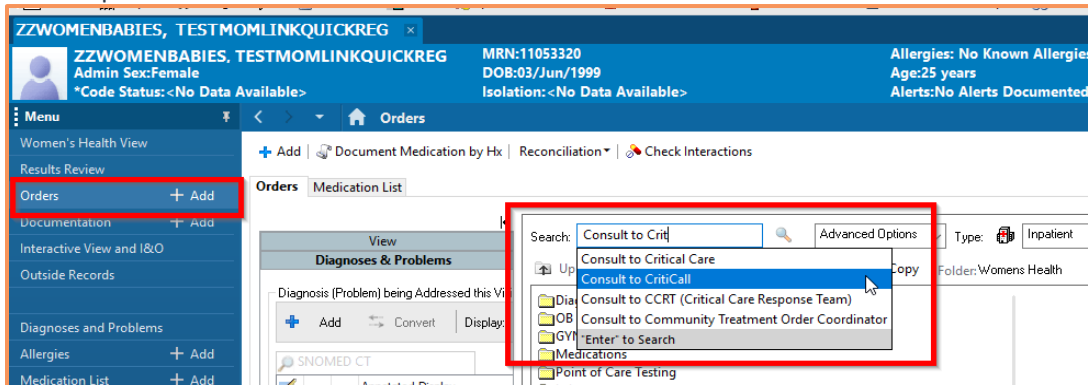
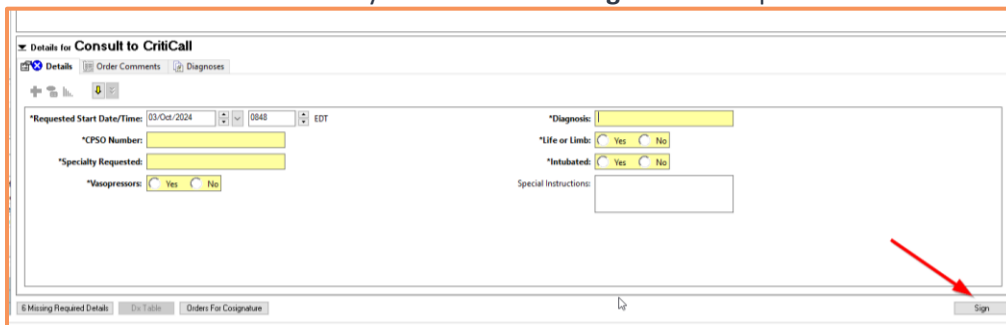


### PRESCRIBERS

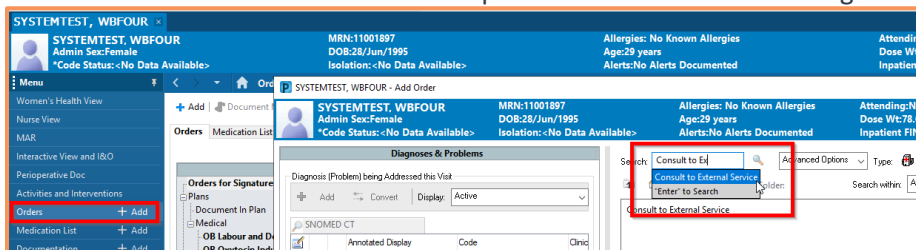
1. Patient requires services at an outside facility
2. Notify charge nurse of pending transfer
3. Is the patient critical?
  - a. YES - place order for Consult to Critical
  - b. Ward clerk to complete electronic documentation for Critical as per current state process



4. Once selected fill out necessary fields and select **Sign** once completed



5. If **NO** - Document need for transfer and place consult order to referring service as above

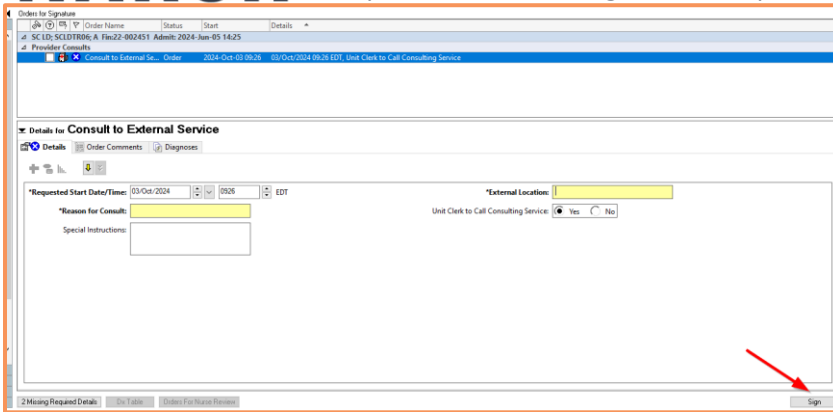




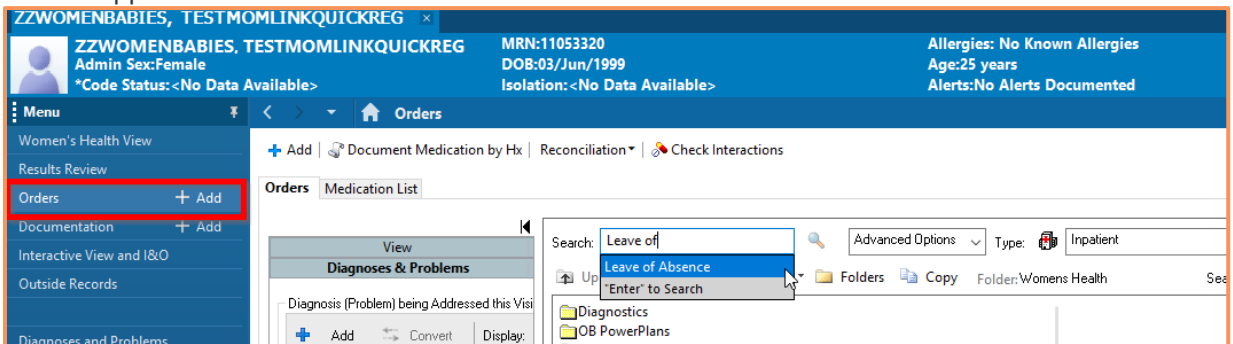
# EXTERNAL TRANSFERS

## HOSPITAL INFORMATION SYSTEM (HIS)

6. Once selected fill in necessary fields and select **Sign** once completed



- a. This transfer would be a non-urgent transfer with or without a return
  - b. Call is placed to receiving facility to arrange appt time
  - c. Once appt time determine clerk to arrange outpatient transfer with nurse escort to facility
7. A **Leave of Absence conversation** must be inputted into Millennium to prevent discharge from home unit
8. Is the patient returning from the Leave of Absence? (LOA)
- a. **LOA** confirmed and place **Communication Order** for **LOA** indicating duration and applicable instructions





b. Once selected fill out necessary fields and select Sign once completed

# EXTERNAL TRANSFERS

**Details for Leave of Absence**

Details | Order Comments | Diagnoses

+ Ill. [dropdown]

\*Requested Date/Time: 03/Oct/2024 0934 EDT  
Voluntary Patient Leave Start Date: [dropdown] [dropdown] EDT  
Location: [dropdown]  
Duration: [input]  
Additional Details: [input]

Patient Accompanied By: [dropdown]  
Voluntary Patient Leave End Date: [dropdown] [dropdown] EDT  
General Purpose of Therapeutic Leave: [dropdown]  
Duration Unit: [dropdown]

0 Missing Required Details | Dx Table | Orders For Co-signature | Sign

c. Complete, print and sign LOA DynDoc documentation

ZZWOMENBABIES, TESTMOMLINKQUICKREG

MRN:11053320  
DOB:03/Jun/1999  
Allergies: No Known Allergies  
Age:25 years  
Alerts:No Alerts Documented

Attending: Mohan, Ultra  
Dose Wt:65.000 kg (19 Sep 2024)  
Inpatient FIN: 22-004256 | Admit Dt: 2024-Aug-16 11:53:00 Disch Dt: -No- Discharge date-

Lec:SC 4DA; SC4DLO1; A  
HCN:DN 8877-889-988

Documentation

New Note | List

Note Type List Filter: Position [dropdown]  
\*Type: Progress Note [dropdown]  
Title: Leave of Absence  
\*Date of Service: 2024-Oct-03 0938 EDT  
\*Author: NHS Test03, Physician - Women's Health

Name	Description
Inpatient Discharge Instructions	Inpatient Discharge Instructions Template
Inter-Site Transfer of Care Note	Inter-Site Transfer of Care Note Template
Inter-Site Transfer of Care Note Template	Intra-Site Transfer of Care Note Template
Inter-Site Transfer of Care Note Template	Inter-Site Transfer of Care Note Template
★ Leave of Absence	Leave of Absence
Methacholine Note	Methacholine Note template
MHA ECT Note	MHA ECT Note
Multi-Disciplinary Rounding	Multi-Disciplinary Rounding
NEDOP Initial Consult Note	NEDOP Initial Consult Note
NEDOP Progress Note	NEDOP Progress Note
NEDOP Psychotherapy Initial Consult Note	NEDOP Psychotherapy Initial Consult Note
NEDOP Psychotherapy Progress Note	NEDOP Psychotherapy Progress Note
Neonatal Follow Up Clinic Note	Neonatal Follow Up Clinic Note Template
Nephrology Follow Up Visit Note	Nephrology Follow Up Visit Note Template
Neurology APSO Note	Neurology APSO Note Template
Neurology Office Visit Note	Neurology Office Visit Note Template

OK Cancel



OPERATION

MONADCU

d. Complete physician documentation and other required forms (Prescriber to determine own documentation preference, able to utilize LOA note or Progress note)

## EXTERNAL TRANSFERS HOSPITAL INFORMATION SYSTEM (HIS)

The screenshot shows the HIS interface for a 'Leave of Absence' form. The patient information at the top includes: ZZWOMENBABIES, TESTMOMLINKQUICKREG, Admin Sex:Female, \*Code Status: <No Data Available>. Patient details include: MRM:11653320, DOB:03/Jun/1999, Allergies: No Known Allergies, Age:25 years, Alerts:No Alerts Documented, Attending:Mohan, Uthra, Dose Wt:55.000 kg (19-Sep-2024), Inpatient FIN: 22-004256 (Admit Dt: 2024-Aug-16 11:53:00 Disch Dt: <No - Discharge date>), Loc:SC 4DA: SC4D101: A, HCN:ON 8877-889-988. The form includes sections for Allergies (No Known Allergies), Medications (acetylsalicylic acid, 650 mg = 2 tablet(s), PO, q4h, PRN; lactated ringers intravenous solution 1,000 mL, 1000 mL, IV-CONTINUOUS; morphine, 5 mg = 2.5 mL, IV, q3h, PRN), and Instructions to prescribers. A prominent note states: '\*\* Note the dose displayed is the TOTAL dose, not the dosage form (e.g. tablet/capsule) strength. Please fill prescription based on dose displayed, not the number of tablets \*\*'. The form also includes fields for Date, Prescriber Signature, Prescriber (print name), CPSO/CNO Number, Hospital Pharmacist reviewed (name), Date/Time, LOA Rx faxed to Inpatient Pharmacy, Date/Time Faxed, and Receipt confirmed with phone call by (name). A sidebar on the left contains various menu options like Women's Health View, Results Review, Orders, Documentation, etc. Buttons for Sign/Submit, Save, Save & Close, and Cancel are visible at the bottom right.

e. Handoff report to accepting physician

f. Patient accepted to referring service

9. Is the patient being discharged? Complete applicable patient discharge process

10. If patient returning Ward Clerk or Nurse to complete applicable LOA conversation