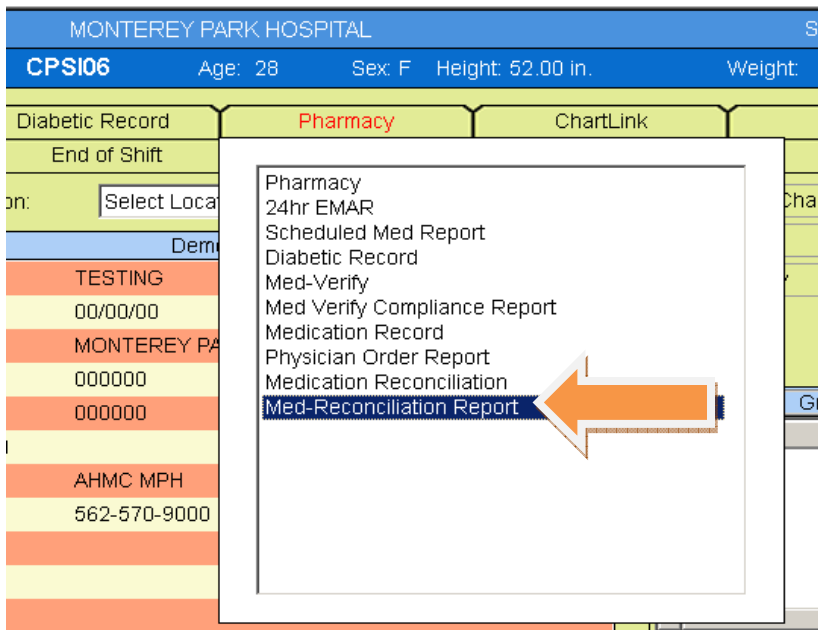
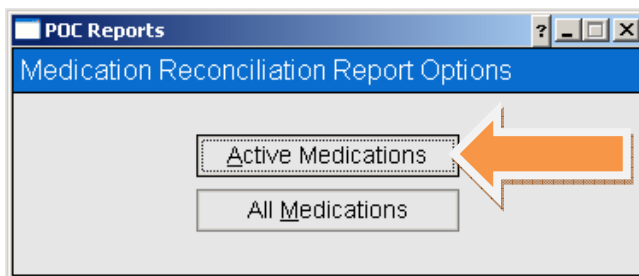



TRANSFERRING TO ACUTE CARE FACILITY

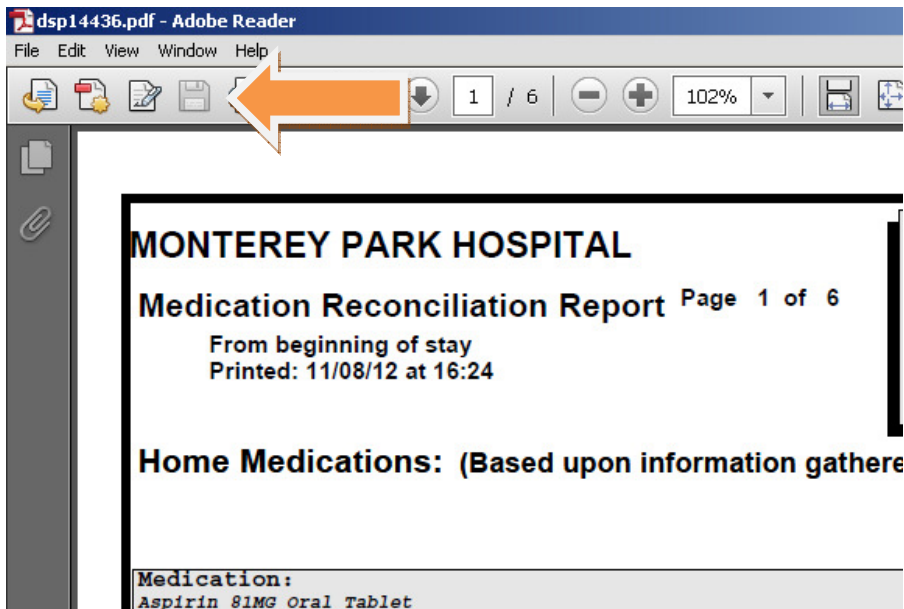
1. Complete Transfer Assessment (E-Form)
2. Complete Patient Request/Acknowledgement (E-Form) requires patient signature/responsible party
3. Complete paper form of Physician Transfer order and make copy for chart
4. Need to print out Medication Reconciliation Report (located under the “Pharmacy” Tab in the Virtual Chart) and have MD reconcile medication (in pharmacy tab)



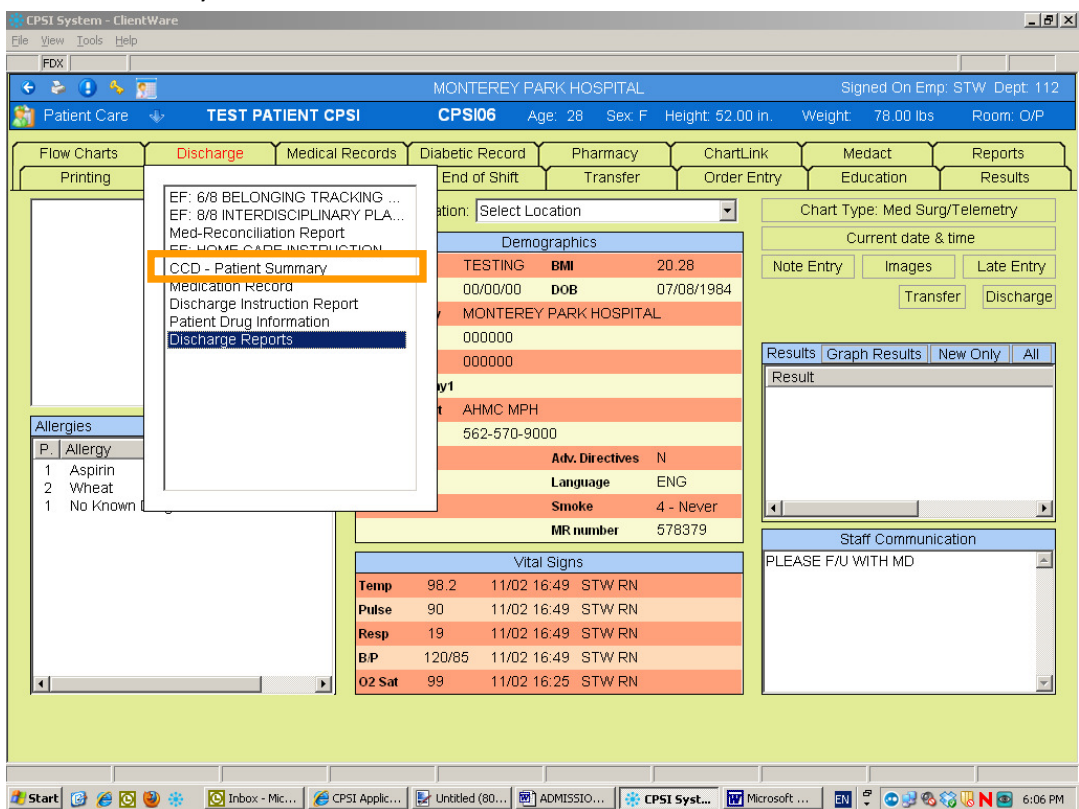
5. Select “Active Medications”



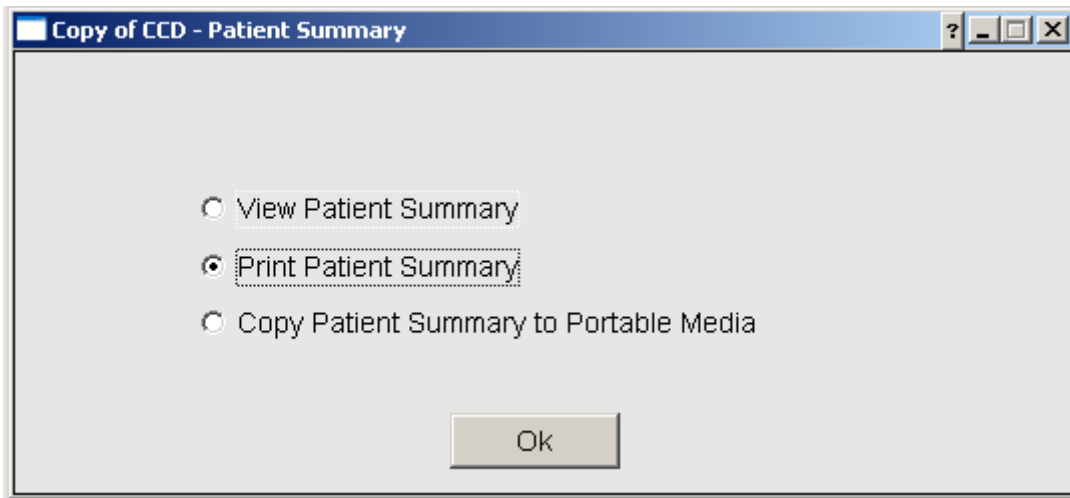
- Click the  button to print out the report for physician to complete.



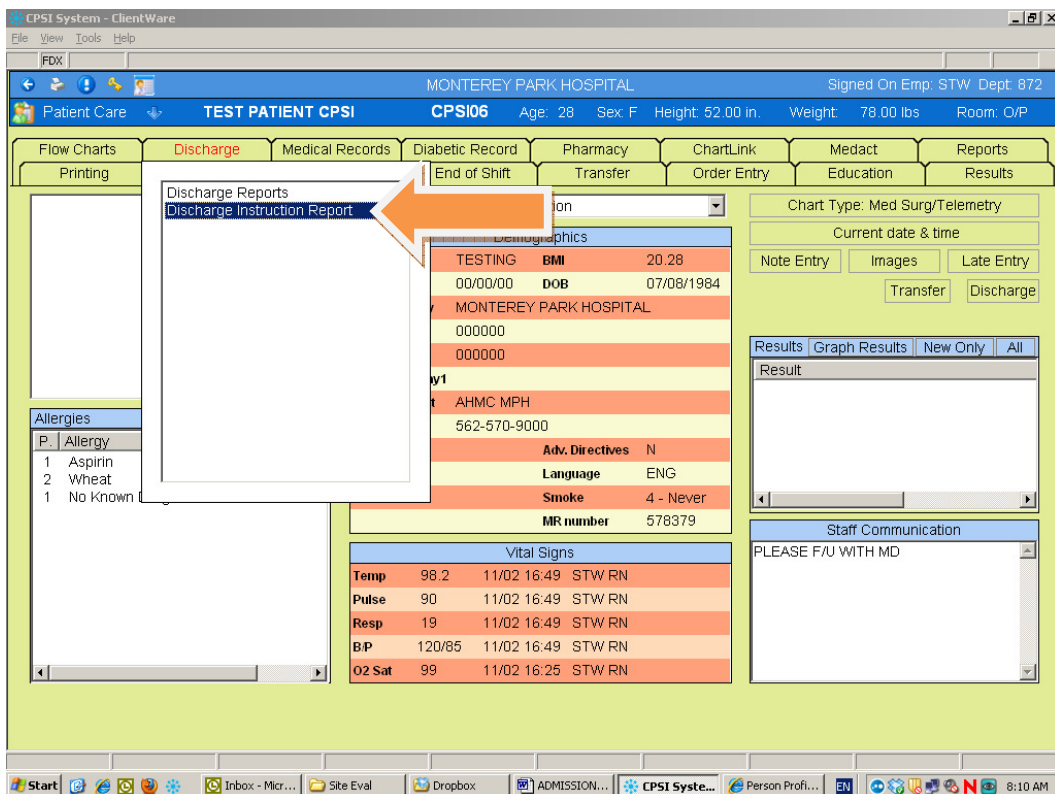
- Click "Medication Reconciliation" to reconcile home and active medication. Check if the medication needs to association. Call pharmacy to associate medication as needed.
- Need to print out Medication Record (for date & time of medication given)
- Print out CCD summary (located under the "Report" or "Discharge" tab in the Virtual Chart)



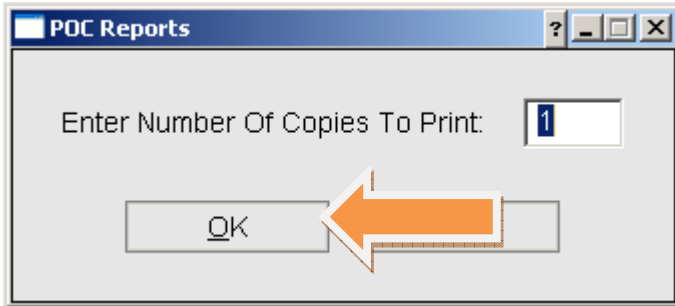
10. Select **“Print Patient Summary”** then click **“OK”**



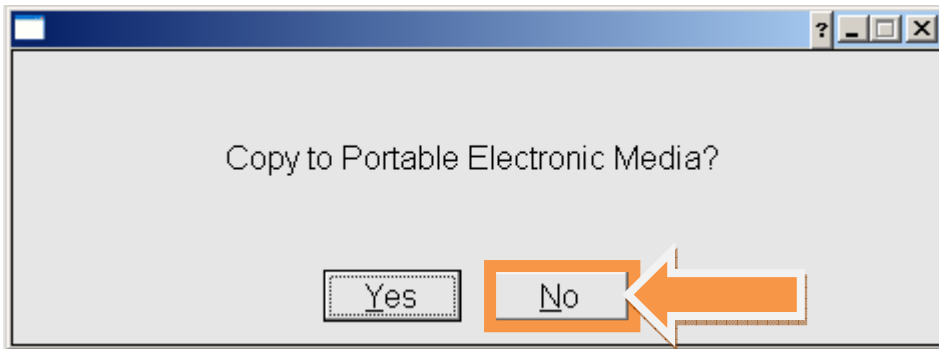
11. Print out Radiology reports and H&P as needed.
12. Make copies of Echo report & EKG.
13. Print Discharge Instruction under the **“Discharge”** Tab



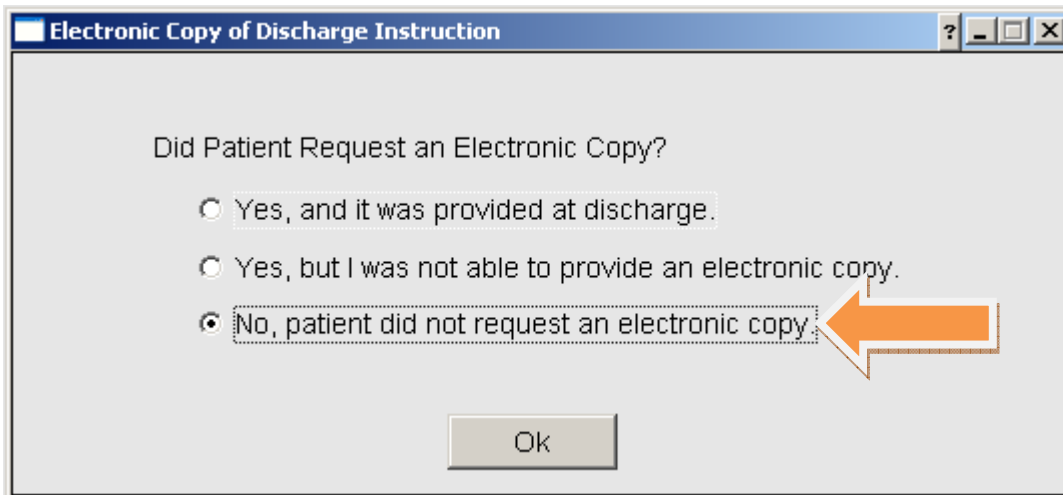
14. Print "1" copy and click "OK"



15. Select "No" to *Copy to Portable Electronic Media?*



16. Select "No" to *Did Patient Request an Electronic Copy?*



17. Print out the “Discharge Instruction” which is the list of medication.

MONTEREY PARK HOSPITAL
Discharge Instructions
 Printed: 11/05/12 08:10 Page 1 of 2

TEST PATIENT CPSI AGE: 28 SEX:
 MONTEREY PARK HOSPITAL ROOM:
 ALLERGIES: Aspirin No Known Dr M/R#: 578379
 Wheat

MEDICATIONS

Tylenol 325MG Oral Tablet
 Dose: 650 MILLIGRAMS
 Route: ORAL
 Indication:
 Prescription Detail: 650 MG PO PRNQ6H
 Next Dose Due: TAKE AS DIRECTED
 Frequency: EVRY 6 HRS AS NEEDED

PLEASE STOP TAKING ALL MEDICATIONS LISTED BELOW

Aspirin 81MG Oral Tablet
 Dose: 81 MILLIGRAMS
 Route: ORAL
 Indication:
 Prescription Detail: 81 MILLIGRAMS ORAL DAILY
 Frequency: EVERY DAY

Cefazolin Sodium 1GM Injection Powder for Solution
 Dose: 0
 Route: INTRAVAENOUS
 Indication:
 Prescription Detail: 0 IV Q8H
 Frequency: EVERY 8 HOURS

Dextrose 50% Intravenous Solution
 Dose: 50 MILLILITER
 Route: IV PUSH
 Indication:
 Prescription Detail: 50 ML IVP PRN
 Frequency: AS NEEDED

Docusate Sodium 100MG Oral Capsule, Liquid Filled
 Dose: 100 MILLIGRAMS
 Route: ORAL
 Frequency: EVRY 12HRS AS NEEDED

18. Select “Discharge Reports” from the “Discharge” Tab

CPSI System - ClientWare

MONTEREY PARK HOSPITAL Signed On Emp: STW Dept: 872

Patient Care TEST PATIENT CPSI CPSI06 Age: 28 Sex: F Height: 52.00 in. Weight: 78.00 lbs Room: O/P

Discharge Reports
 Discharge Instruction

Allergies

P.	Allergy
1	Aspirin
2	Wheat
1	No Known

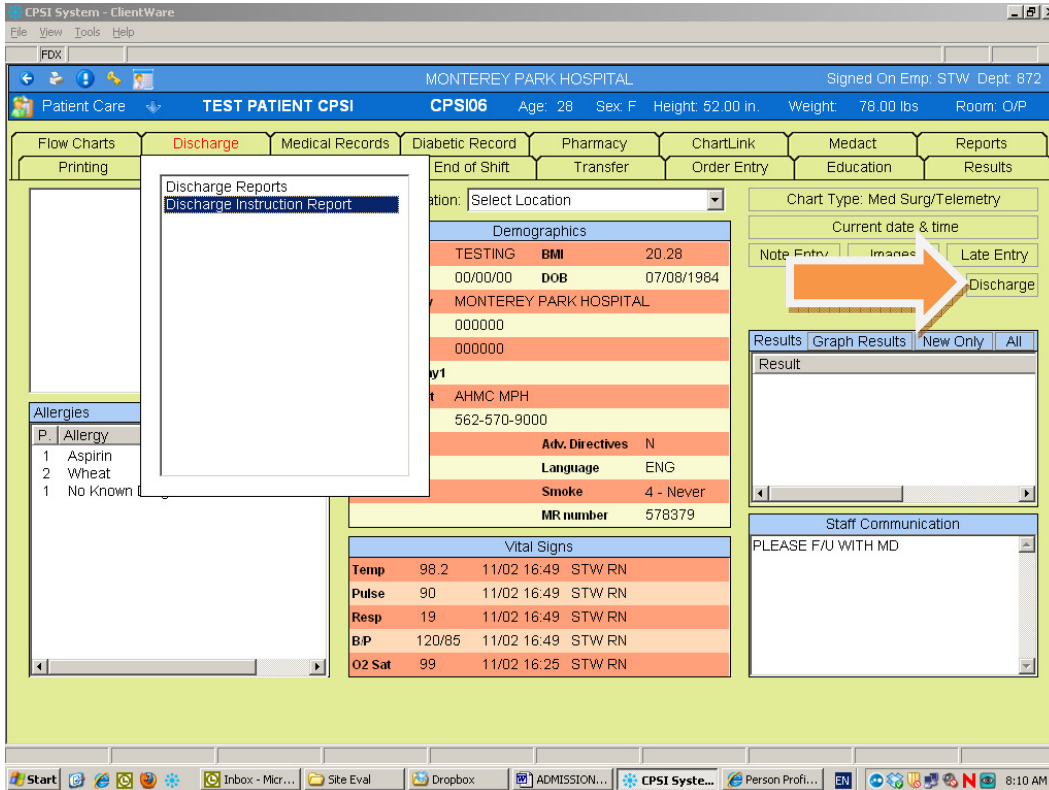
Vital Signs

Temp	98.2	11/02 16:49	STW RN
Pulse	90	11/02 16:49	STW RN
Resp	19	11/02 16:49	STW RN
B/P	120/85	11/02 16:49	STW RN
O2 Sat	99	11/02 16:25	STW RN

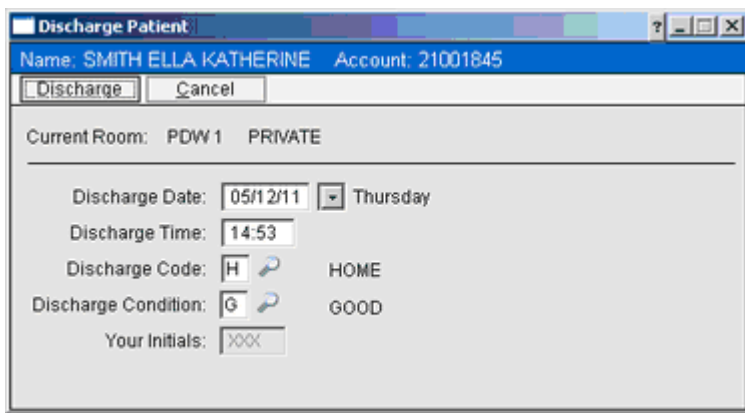
Staff Communication

PLEASE F/U WITH MD

19. After selecting “Discharge Reports”, the system will run on its own for a few minutes. Please wait.
20. After the system finish dropping the charge, a “Signature Report” may be generated. Please ignore.
21. Click on the “Discharge” button” on the Virtual Chart.



22. The follow screen will display



23. Input the discharge date & time. Click on the magnifier to select the appropriate discharge code and discharge condition. Click “Discharge” button on the top of the screen to finish the discharge process.