**RESIDENT NAME**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_             **ROOM #:** \_\_\_\_\_\_\_\_\_

**DATE/TIME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Before 911 Call**

\_\_\_\_ Gather vital signs and stay with resident

\_\_\_\_ Call 911

**After 911 Call**

\_\_\_\_ Gather documents

1. \_\_\_\_ Facility Transfer Form
2. \_\_\_\_ Current MAR
3. \_\_\_\_ POLST
4. \_\_\_\_ Recent Physician Note

\_\_\_\_ Complete SBAR form *(copy of this completed form is sent with EMS to Emergency Department)*

|  |  |  |  |
| --- | --- | --- | --- |
| **DOCUMENTATION** | Initials | **COMMUNICATION** | Initials |
| Progress note in resident chart (PointClickCare) |   | Family/S.O. notified |   |
| ADT resident |   | Physician notified via fax |   |
| Hold Orders |   | Administrator/RN notified |   |
| SBAR added to chart |   |   |   |

**SBAR form: *Make 2 copies***

* 1 for EMS/transport
* 1 for ER

**Assisted Living Facility:**

* Use ER Transfer Envelope Packet
* Include documents as listed on the transfer envelope
*(see front of envelope for complete list)*