

# Patient Movement Inpatient to Psych

This tip sheet includes the workflow for moving a patient from an Inpatient Unit to Psych. In Epic this is going to be a Discharge, Admit process. With a "Transfer" order.



## Try It Out

1. Open the Transfer navigator and click Transfer Orders to complete the medication reconciliation.

**Transfer**

TRANSFER DOCUMENTATION

- Instructions
- Review for MU
- BestPractice
- Problem List
- Cosign Orders
- Progress Notes

PLACE TRANSFER ORDERS

- Transfer Orders**

**Transfer Instructions**

Use this navigator **ONLY** for **Regular Transfer** within the facility.

For any other workflow requiring discharging the patient and admitting again (to create two different billing accounts), use **DISCHARGE READMIT TAB** under **DISCHARGE NAVIGATOR**.

**Review for Meaningful Use**

**Allergies**

Sulfa Antibiotics Hives

✓ Mark as Reviewed Reviewed by RN on 10/13/2015

**Problem List**

None

✓ Mark as Reviewed Never Reviewed

**Medications**

**Hospital Medications**

None

**Outpatient Medications**

✚ albuterol HFA (PROVENTIL HFA; VENTOLIN HFA) 108 (90 BASE) MCG/ACT inhaler

✓ Mark as Reviewed Reviewed by RN on 10/13/2015

✓ Mark All as Reviewed

**BestPractice Advisories**

No advisories to address.

2. In the Transfer Medication Reconciliation window you can:
  - a. Review, Continue or Discontinue the Current Orders
  - b. Reconcile the Home Medications
  - c. Add any New Orders
  - d. Then Review and Sign
  - e. Mark all as Continue or Discontinue
  - f. Sort by any order still needing to be reconciled or Cancel the Transfer

**Transfer** a b c d

1. Review Current Orders 2. Reconcile Home Medications 3. New Orders 4. Review and Sign

**Review Current Orders**

Sort by: Order Type e Mark Unreconciled CONTINUE Mark Unreconciled DISCONTINUE Next

**Scheduled** Apply to Group

**carvedilol (COREG) tablet 3.125 mg**  
3.125 mg, Oral, 2 times daily with meals, First dose on Fri 7/6/18 at 1800  
HOLD IF SBP<100 AND HR<55 \*\*\* BLACK BOX WARNING \*\*\* ABRUPT WITHDRAWAL NOT ADVISED IN PATIENTS WITH ANGINA PECTORIS, CAD OR ISCHEMIC HEART DISEASE.

**cephalexin (KEFLEX) capsule 500 mg**  
500 mg, Oral, 4 times daily, First dose on Sun 7/8/18 at 1815, For 7 days  
Indication: Cellulitis

**DULoxetine (CYMBALTA) DR capsule 60 mg**  
60 mg, Oral, Daily, First dose on Thu 7/5/18 at 1545, For 22 days  
\*\*\* DO NOT CRUSH OR CHEW \*\*\* BLACK BOX WARNING \*\*\* SUICIDALIDEATION NOT FDA APPROVED FOR USE IN PEDIATRICS.

**gabapentin (NEURONTIN) capsule 400 mg**  
400 mg, Oral, 3 times daily, First dose on Thu 7/5/18 at 1545, For 21 days

**lactulose (ENULOSE) 20 GM/30ML liquid 20 g**  
20 g, Oral, 2 times daily, First dose on Thu 7/5/18 at 2100, For 21 days

**levothyroxine (SYNTHROID, LEVOTHROID) tablet 200 mcg**  
200 mcg, Oral, Daily, First dose on Thu 7/5/18 at 1545, For 22 days  
\*\*\* BLACK BOX WARNING \*\*\* SHOULD NOT BE USED FOR THE TREATMENT OF OBESITY OR WEIGHT LOSS

**silver sulfadiazine (SILVADENE, SSD) 1 % cream**  
Topical, Daily, First dose on Sun 7/8/18 at 1900

**PRN** Apply to Group

**hydroXYZine (VISTARIL) capsule 25 mg**  
25 mg, Oral, Every 6 hours as needed, itching, anxiety, Starting Tue 7/10/18 at 1346

**ibuprofen (ADVIL.MOTRIN) tablet 600 mg**  
600 mg, Oral, Every 4 hours as needed, mild pain (1-3), Starting Thu 7/5/18 at 0714  
\*\*\* BLACK BOX WARNING \*\*\* MAY CAUSE CARDIOVASCULAR, GASTROINTESTINAL RISKS

**ibuprofen (ADVIL.MOTRIN) tablet 800 mg**  
800 mg, Oral, Every 8 hours as needed, mild pain (1-3), Starting Thu 7/5/18 at 1536, For 21 days  
\*\*\* BLACK BOX WARNING \*\*\* MAY CAUSE CARDIOVASCULAR, GASTROINTESTINAL RISKS

**ketorolac (TORADOL) injection 15 mg**  
15 mg, Intravenous, Every 6 hours as needed, moderate pain (4-6), severe pain (7-10), Starting Mon 7/9/18 at 1836, For 5 days  
Maximum combined duration (parenteral and oral) 5 days

End Orders Needing Reconciliation Cancel Transfer Cancel

Previous Next

**Orders Need Reconciliation**

Needs review for Transfer

Activity as Tolerated

carvedilol (COREG) tablet 3.125 mg

cephalexin (KEFLEX) capsule 500 mg

Consult to Psychiatry

Discharge patient

DULoxetine (CYMBALTA) DR capsule 60 mg

gabapentin (NEURONTIN) capsule 400 mg

hydroXYZine (VISTARIL) capsule 25 mg

ibuprofen (ADVIL.MOTRIN) tablet 600 mg

ibuprofen (ADVIL.MOTRIN) tablet 800 mg

Inpatient Consult to Wound/Ostomy Care Team

Inpatient Consult to Wound/Ostomy Care Team

ketorolac (TORADOL) injection 15 mg

lactulose (ENULOSE) 20 GM/30ML liquid 20 g

levothyroxine (SYNTHROID, LEVOTHROID) tablet 200 mcg

lidocaine (XYLOCAINE) 2 % jelly

Notify physician

ondansetron (ZOFTRAN) injection 4 mg

Oxygen Therapy

Place Intermittent Pneumatic Compression Device (IPCs)

Place Intermittent Pneumatic Compression Device (IPCs)

Regular Diet

silver sulfadiazine (SILVADENE, SSD) 1 % cream

Vital Signs

Vital Signs

Weigh Patient

- The Orders will be Signed and Held. The Receiving Unit will acknowledge and release the order once the patient arrives to the correct destination. *Note the Discharge Disposition.* We will actually discharge the patient and admit them in Psych.
- To Verify the Medication Reconciliation has been completed Click on the Summary Activity and look for Orders needing to be Acknowledged

Orders to be Acknowledged				Comment   Hide
		<a href="#">Acknowledge All</a>		
<b>New Orders</b>				<a href="#">Acknowledge Section</a>
Ordered		Ordering Provider		
08/17/15 0902	<b>Transfer</b> Start: 08/17/15 0902, End: 08/17/15 0902, Once, R Discharge Disposition: Psychiatric Hospital Expected Discharge Time: 0901 Expected Discharge Time: 08/17/15	Ip Provider Tdr, MD	<a href="#">Acknowledge New</a>	
		<a href="#">Acknowledge All</a>		



You can also..

## Perform a Discharge on the Unit Manager

- Open the *Unit Manager* and Select the patient.
- Click the *Discharge* Button.



**Unit Manager (AH NO MED/SURG)**

Refresh | Switch Manager | Resize Areas | Legend | Unit Map | Open Chart | Patient Station | Form Reprints | Update | **Discharge**

**AH NO MED/SURG (2)**

Ass	Bed	D/T	Dest Bed	Out	Transport	Patient / Bed Status	Pt Clas	Missing	Accom Cod	Iso	Fac	RN
	306 A					Clindooc, Seventeen (40yrs)	Inpatient		Semi-Privat			
	301 B					Test Joe, John (31yrs M)	Inpatient		Private			
	301 A					- Dirty -						
	302 A					Blocked: Deceased Patient						
	302 B					Blocked: Deceased Patient						

- Complete the Discharge date, Discharge time, **Discharge disposition: *Psychiatric Hospital*** and **Destination *OC Behavioral Health***. The red boxes denote the important information that should be entered to mitigate any confusion during the transfer.

**Disposition**

Request Transport Transport is disabled at the current location.

No discharge order has been placed.

Expected Date: 5/18/2018 Today Tomorrow

Expected Time:  Morning Midday Afternoon Evening

Comment: 

Optional

Mark as Verified

Discharge date:  Discharge time:

Bed status: Dirty Bed service priority:

Discharge code:  Means of departure:

Discharge disposition: Psychiatric Hospital Destination: OC Behavioral Health

Discharge location:

Discharge comments:

- Click *Discharge*.
- Call Admitting to Admit the Patient.

**Note:**

- It is critical that Discharge disposition is selected as *Psychiatric Hospital* and Destination is *OC Behavioral Health*.
- This will trigger a Pending Admission for the patient to be admitted to Psych.
- If it is pre-populated incorrectly. **Correct it before clicking Discharge.**



- This is an example of a pending admission created from this Discharge Disposition. Admitting will see the encounter listed like below and be able to admit the patient.

Last refreshed: 8/18/2015 3:56:09 PM

Legend Refresh Filter New Preadmission New Admission New Hospital Outpt One Click New L&D Assessment New ED Arrival Make Appt Appts New Case Patient Reports Review Auth/Cert Linkage

Some encounters may be hidden based on the applied filters. Adjust Filters Reset Filters Hide Message

Encounter	Hosp Acct	Episode	Current +/- 7 Days All 5/14/2015 - 8/17/2015							
Encounter	Status	Date	Time	Location	Provider	Pt C	Reason	Account	CSN	Contact #
Admission	Pend Adm	08/17/2015		HBH 2S PSYCH			Inpat Admission		7700000006286	3
Admission	Discharged	08/17/2015	1031	HBH 1S MED SURG	Khiem D. Dao, MD		Inpat pain	1098000422	7700000004338	2

All encounters loaded.