

ST. PAUL'S HOSPITAL ACUTE MEDICINE PROGRAM BED REQUEST

For office use only

Date of Admission: _____

Unit and Bed Number: _____

Authorized by: _____

For efficient and improved communication when requesting a St. Paul's Hospital (SPH) Acute Medicine Program bed, please complete and email the following information to the SPH Medicine Program Bed Access and Patient Flow Clinical Nurse Leader (CNL) at sphmedicineaccessandflow@providencehealth.bc.ca.

Please do not hesitate to contact the SPH Medicine Program Bed Access and Patient Flow CNL via the above email or at 604-682-2344 extension 62777.

INSTRUCTIONS:

1. Complete all fields below.
2. When a bed is available, you will receive a verbal and email confirmation from the SPH Medicine Program Bed Access and Patient Flow CNL.
3. When a bed is confirmed, please advise your patient to check-in at SPH Emergency Check in Registration to sign further documents.
4. Once documents are signed at SPH Emergency Check in Registration, the patient can proceed to the assigned ward.

SERVICE REQUESTING BED ASSIGNMENT☐ Medicine ☐ Neurology ☐ Hematology ☐ Respiriology ☐ Respiriology-CF☐ Other: _____

Admitting physician: _____

Date bed needed: _____

PATIENT INFORMATION

Name: _____

Date of Birth: _____ PHN: _____

Arriving from: ☐ Home: _____ ☐ Clinic: _____Requires a ceiling lift: ☐ Yes ☐ No**MEDICAL INFORMATION:**

Admitting Diagnosis: _____

Infection control requirements:☐ MRSA ☐ VRE ☐ CPO ☐ TB ☐ Neutropenia ☐ CF-CEPACIA ☐ CF-NON-CEPACIA

After the patient has been admitted to the Acute Medicine Program, this form should be shredded.