McLAREN FLINT FLINT, MICHIGAN

DISCHARGE BY TRANSFER

III. NURSING (Complete & Slgn)

	Independent	Needs Assistance	Unable to Do		TATUS ility. Write S in space if needs superine across if inapplicable.)	er-					
Bed Activity Personal Hygiene				Turns Sits Face Trunk & Perineum Lower Extremities Bladder Program Bowel Program	CHECK IF PRESENT DISABILITIES Amputation Paralysis Contracture Decub. Ulcer	Incontinence Bladder Bowel Catheter Size:	_	_	Behavior Quiet Withdrawn Noisy Friendly Belligerent Suspicious Cooperative Pleasant Communication Ability Ye Can speak English		ous t
Dressing Transfer				Upper Extremities Trunk Lower Extremities Appliance, Splint Sitting Standing Tub	SKIN Ulcer size: location wound size: locat Sutures/Staples Date dressing changed:	location:	- 		If no, state langua Patient Uses □ Appliance		— □ Cane □ Walke
Loco- motion Eating				Toilet Wheelchair Walking Stairs	VITAL SIGNS: B.P. Sleep problems Yes Confused in AM Yes	No No PM □ Yes □ No		٦.	Temp.		
Summary: Nurse's Sig	nature	e:			Family can help with care: R.N. Date:/	(N	lame)		I No alled to receiving faci	lity? □ Yes	□ No
IV. SOC Advanced Hospice F	CIAL d Dire Plan: nade	. W (ORI es? Disc	K (Complete & Sign) ☐ Yes ☐ No ussed with:	Code Status Far	mily					

PT.

MR.#/RM.

Signature and title: