

BRADMA LABEL

Ambulance Booked: Date _____ Time: _____

Transition Care Checklist for External Hospitals

- ☐ **Martin Luther Homes (Myrtle Ward)** on ____ / ____ / ____
67 Mount View Road, THE BASIN 3154 Ph: 9760 2487 Fax: 9760 2115
- ☐ **Regis Inala Lodge (Jharmbi Ward, Bus Stop 10 inside Village)** on ____ / ____ / ____
220 Middleborough Road, BLACKBURN SOUTH 3130 Ph: 9895 5614 Fax: 9895 5549
- ☐ **Vermont Aged Care (Waratah Ward)** on ____ / ____ / ____
770 Canterbury Road, VERMONT 3133 Ph: 9873 5300 Fax: 9872 5626

The following must occur BEFORE discharge from hospital:

- ☐ Covid 19 Negative PCR / RAT (please circle)
- ☐ Complete the INTERIM MEDICATION ADMINISTRATION CHART (E356070)
[Transition Care Program \(TCP\) \(easternhealth.org.au\)](http://easternhealth.org.au)
Fax or email copy to facility:
- **Regis Inala TCP Pharmacy** – Gunn & McConville Medication Management
Fax: 8679 3334 Email: fax@gunnandmccconville.com.au Ph: 9857 7993
 - **Martin Luther Homes TCP Pharmacy** – Boronia Discount Drug Store
Fax: 9762 6567 Email: boroniapharmacy@hotmail.com Ph: 9761 2000
 - **Vermont Aged Care TCP Pharmacy** – Blooms The Chemist
Fax: 9458 1763 Email: rosanna_acf@blooms.net.au Ph: 9458 1912
- ☐ Complete a DISCHARGE PBS PRESCRIPTION
- ☐ Notify the WARD PHARMACIST of pending discharge

The following items MUST be SENT with the patient:

- ☐ Completed MEDICAL TRANSFER FORM emailed to TCP prior to transfer (send original with patient)
- ☐ Completed original INTERIM MEDICATION ADMINISTRATION CHART (E356070)
- ☐ DISCHARGE PBS PRESCRIPTION
- ☐ Completed TRANSFER FORMS including Nursing and Allied Health eg: Dietetics, Physio, OT Speech (as appropriate)
- ☐ COPIES OF RELEVANT CHARTS eg: falls & pressure risk, wounds, behaviour, food, bowel, blood sugar, pathology / radiology results etc. (including OBSERVATION AND DRUG CHARTS)
- ☐ Details of any EQUIPMENT ON HIRE (hospital required to provide equipment for 30 days) including name of hire company and a copy of hire agreement
- ☐ Details of follow up appointments (if applicable)

Please sign when completed:

Name (print): Signature: Date: ____ / ____ / ____

Designation: Phone no: