

# Aged Care Home Transfer-to-Hospital Envelope

*This envelope contains CONFIDENTIAL medical information which should remain with the PATIENT RECORD.*

Resident / Patient's Name: .....

Name of Aged Care Home: .....

Contact telephone number: In-hours: .....

After-hours: .....

There is a range of residential settings with different levels of care available.

This Aged Care Home is:

- High Care** 'Nursing Home' - Registered Nurse / Registered Nurse Division 1 usually present.
- Low Care** Hostel, but may have '**Ageing in Place**'- residents may have complex medical &/or personal care needs (i.e. high care). Usually staffed by Enrolled Nurse / Registered Nurse Division 2 &/or non-nursing care staff e.g. PCA/PCW/AIN. Generally medications are administered from a Dose Administration Aid.
- Other** .....

\* Advance care plan / End-of-life wishes enclosed >

YES

NO