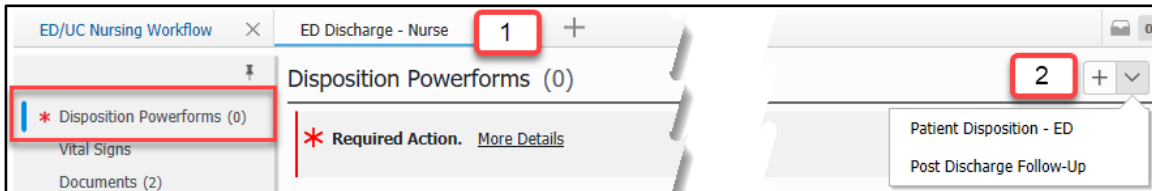


Patient Disposition PowerForm

Complete a Patient Disposition form on all ED patients:

1. Access the form through **Disposition PowerForms on the ED Discharge-Nurse** workflow.
2. Use the dropdown arrow at the far right to select **Patient Disposition -ED**.



3. Complete the form: note the *yellow required fields and the *red instructional text.

Patient Disposition

Transportation	<input type="radio"/> stretcher <input type="radio"/> ALS/Ambulance <input type="radio"/> carried <input type="radio"/> Other: <input type="radio"/> Wheelchair <input type="radio"/> ambulatory <input type="radio"/> private vehicle <input type="radio"/> ALS/Air <input type="radio"/> BLS/Ambulance <input type="radio"/> Private vehicle/Car seat																																
Patient Condition	<input type="radio"/> stable <input type="radio"/> Guarded <input type="radio"/> critical <input type="radio"/> expired <input type="radio"/> Other:																																
Patient Accompanied by	<input type="checkbox"/> self <input type="checkbox"/> Significant other <input type="checkbox"/> Father <input type="checkbox"/> Son <input type="checkbox"/> ED staff <input type="checkbox"/> Other: <input type="checkbox"/> Spouse <input type="checkbox"/> Mother <input type="checkbox"/> Daughter <input type="checkbox"/> grandparent <input type="checkbox"/> immediate family																																
NURSE Report Given to Patient	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Outside Facility Accepting																																
Did Patient Receive DC Instructions?	<input checked="" type="radio"/> Yes <input type="radio"/> No																																
DC Instructions Acknowledged & Understood?	<input type="checkbox"/> Written discharge instructions provided to patient/responsible caregiver <input type="checkbox"/> Patient/responsible caregiver verbalizes understanding of written discharge instructions																																
Pt Name Verified on DC Documents?	<input type="checkbox"/> Discharge instructions <input type="checkbox"/> Verbal instructions given <input type="checkbox"/> Other: <input type="checkbox"/> prescriptions <input type="checkbox"/> N/A																																
History of Violence	<div style="border: 1px solid red; padding: 5px; color: red;"> Please review if the patient has a documented Potential/History of Violence. If this still applies to the patient, please document a Potential/History of Violence in the Special Needs field below. If this is no longer a concern, please uncheck this field. </div>																																
Special Needs	<table style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> None</td> <td><input type="checkbox"/> Confused</td> <td><input type="checkbox"/> no blood products</td> <td><input type="checkbox"/> sleep apnea</td> </tr> <tr> <td><input type="checkbox"/> Abusive behavior</td> <td><input type="checkbox"/> Harassing behavior</td> <td><input type="checkbox"/> nursing assistance</td> <td><input type="checkbox"/> speech impaired</td> </tr> <tr> <td><input type="checkbox"/> Aggressive behavior</td> <td><input type="checkbox"/> hearing impaired</td> <td><input type="checkbox"/> p</td> <td><input type="checkbox"/> p</td> </tr> <tr> <td><input type="checkbox"/> autologous blood donor</td> <td><input type="checkbox"/> implantable device</td> <td><input type="checkbox"/> p</td> <td><input type="checkbox"/> p</td> </tr> <tr> <td><input type="checkbox"/> No NGT - Major GI Surgery</td> <td><input type="checkbox"/> Insulin dependent</td> <td><input type="checkbox"/> F</td> <td><input type="checkbox"/> p</td> </tr> <tr> <td><input type="checkbox"/> breast feeding</td> <td><input type="checkbox"/> interpreter needed</td> <td><input type="checkbox"/> p</td> <td><input type="checkbox"/> p</td> </tr> <tr> <td><input type="checkbox"/> cognitive impairment</td> <td><input type="checkbox"/> legally blind</td> <td><input type="checkbox"/> Frostiness</td> <td><input type="checkbox"/> p</td> </tr> <tr> <td><input type="checkbox"/> combative</td> <td><input type="checkbox"/> mobility impaired</td> <td><input type="checkbox"/> quadraplegic</td> <td><input type="checkbox"/> p</td> </tr> </table>	<input type="checkbox"/> None	<input type="checkbox"/> Confused	<input type="checkbox"/> no blood products	<input type="checkbox"/> sleep apnea	<input type="checkbox"/> Abusive behavior	<input type="checkbox"/> Harassing behavior	<input type="checkbox"/> nursing assistance	<input type="checkbox"/> speech impaired	<input type="checkbox"/> Aggressive behavior	<input type="checkbox"/> hearing impaired	<input type="checkbox"/> p	<input type="checkbox"/> p	<input type="checkbox"/> autologous blood donor	<input type="checkbox"/> implantable device	<input type="checkbox"/> p	<input type="checkbox"/> p	<input type="checkbox"/> No NGT - Major GI Surgery	<input type="checkbox"/> Insulin dependent	<input type="checkbox"/> F	<input type="checkbox"/> p	<input type="checkbox"/> breast feeding	<input type="checkbox"/> interpreter needed	<input type="checkbox"/> p	<input type="checkbox"/> p	<input type="checkbox"/> cognitive impairment	<input type="checkbox"/> legally blind	<input type="checkbox"/> Frostiness	<input type="checkbox"/> p	<input type="checkbox"/> combative	<input type="checkbox"/> mobility impaired	<input type="checkbox"/> quadraplegic	<input type="checkbox"/> p
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Update Potential History of Violence.																																	
For use at Grayling, Kalkaska, Paul Oliver and MMC Urgent Care																																	
Post Discharge Follow-up Needed?	<input type="radio"/> Yes <input type="radio"/> No Post Discharge Follow-Up Comment																																
Other documentation																																	
Pain Assessment	<input type="radio"/> Open <input type="radio"/> Open																																
Focus Note	<input type="radio"/> Open																																
Belongings	<input type="radio"/> Open No Belongings on Admission <input type="radio"/> agree																																