

Appointment Outing Checklist

Who	Timeline	Done	Prior to Appointment - Staff Process
Program Assistant	1 week in advance	<input type="checkbox"/>	Notify doctors of off-site patient medical appointment by placing information in the Patient Appointment Calendar , the Nursing Diary and Patient Chart (on the Appointment Form under Consultation Tab) and inform patient of appointment .
		<input type="checkbox"/>	Remind Unit 1B doctors to initiate Consultation / Referral Note for patients' appointment by placing in Doctor's Inbox.
		<input type="checkbox"/>	Consult with team (transportation type and patient accompaniment needs) and book appropriate transportation .
		<input type="checkbox"/>	Place Consultation / Referral Note in envelope and print off the Contact Directory Appointment Label onto the envelope for the patient and paper clip laminated checklist to envelope for Nursing review. Once completed place envelope/checklist in Unit 1B Patient Appointment docuholder .
Program Assistant	Day shift, day before	<input type="checkbox"/>	Print off and place Allergies and Adverse Reaction form from EPR and attach to consultation / referral note in envelope.
OT <u>or</u> PT	Day shift, day before	<input type="checkbox"/>	Patient able to teach back proper wheelchair safety during transportation (seatbelt, positioning of wheelchair/tilt; brakes; manual mode instruction re: power wheelchairs and extra equipment needs i.e. chest strap and neck brace).
Nursing	Day shift, day before	<input type="checkbox"/>	Nursing to retrieve envelope and laminated checklist from Unit 1B Patient Appointment docuholder and review Appointment Outing Checklist and Contact Directory Appointment Label with patient the day before appointment and provide envelope to patient day before <u>or</u> day off appointment (discretion of Nurse).
		<input type="checkbox"/>	Consultation with patient, PT, OT and RT regarding mobility, transfer, self-care and respiratory equipment needs as required.
		<input type="checkbox"/>	Patient able to teach back toileting plan for outing.
		<input type="checkbox"/>	Patient able to teach back the signs/symptoms of Autonomic Dysreflexia as required (AD Card provided to patient).
		<input type="checkbox"/>	Bagged lunch and/or snacks arranged of appropriate texture (e.g. patient with diabetes, apple sauce for meds) and patient able to teach back safe eating strategies as required. Early/late arrival or cancellation of meal tray arranged as required.
		<input type="checkbox"/>	Patient able to teach back the need for breakthrough medication in appropriate format (e.g. crushed with apple sauce) prior to the appointment due to the poor suspension of accessible vehicles .
Who	Timeline	Done	Day of Appointment - Staff and Patient Process
Nursing & Patient	Day of Appointment	<input type="checkbox"/>	Patient able to teach back the importance of wearing aspen collar/brace/vest as required during the appointment due to the poor suspension of accessible vehicles .
		<input type="checkbox"/>	Patient able to teach back the need to bring/pack personal self-care supplies (e.g. lunch/snacks/water, sling, bladder supplies, medications, AD Card and respiratory equipment etc.).
		<input type="checkbox"/>	Patient to dress or pack appropriate clothing for appointment and weather (e.g. hat, gloves and sunscreen etc.).
		<input type="checkbox"/>	Patient to bring/wear OHIP card, identification armband and allergy armband (as required).
		<input type="checkbox"/>	Patient is encouraged to bring his/her charged cell phone in case of an emergency.
		<input type="checkbox"/>	With patients informed consent nursing to obtain patients cell phone number and write in the Unit 1B Nursing Sign-out Book in case patient does not return from appointment when expected. Remind patient to call the unit if the appointment is running late.
		<input type="checkbox"/>	Patient able to teach back what to do if dropped off at the wrong location (review Contact Directory Appointment Label).
		<input type="checkbox"/>	Review and ensure patient has envelope with <u>Contact Directory Appointment Label</u> including consultation/referral note and to remind patient to provide note to the doctor at appointment and return note back to their doctor at LC.
		<input type="checkbox"/>	Patient able to teach back they need to check in with unit or attending nurse upon return to Lyndhurst Centre .

Contact Directory Appointment Label	
Name:	
Emergency	911
Doctor / Clinic Name Appointment Day and Time Appointment Address Appointment Phone Number	<ul style="list-style-type: none"> ▪ _____ ▪ _____ ▪ _____ ▪ _____
Unit 1B Phone Extension	416-597-3422 ext. 6056
Accessible Transportation Name Phone Number / Extension Pick-up time from Lyndhurst Return time from appointment	<ul style="list-style-type: none"> ▪ _____ ▪ _____ ▪ _____ ▪ _____
<p>Please call your transportation service and Unit 1B if your appointment is <u>running late</u>. Upon return to Lyndhurst Centre please check-in to the Unit 1B Nursing Station and return consultation note.</p>	

- I _____,
- plan to bring the following as needed:**
- OHIP Card
 - Medications
 - AD Card
 - Bladder Supplies
 - Water
 - Lunch / Snacks
 - Sling as needed
 - Charged cell phone