

Maimonides Hospital Transitions of Care

By signing this, I attest that I have used the I-PASS system at all times when a transition of care needs to happen, as outlined below:

| | | |
|---|--------------------------------------------------|--------------------------------------------------------------------------------------------------|
| I | Illness Severity | • Is the patient 'stable', a 'watcher', or 'unstable'? |
| P | Patient Summary | • Summary statement • Events leading up to admission • Hospital Course • Ongoing Assessment Plan |
| A | Action List | • To do list • Timeline and ownership |
| S | Situation Awareness, Contingency Planning | • Know what's going on • Plan for what might happen |
| S | Synthesis by Receiver | • Receiver summarizes what was heard • Asks questions • Restates key action/to do items |

| Consults (Seen Overnight) | | | |
|----------------------------------|-----------------------|--------------------------------------|--|
| General Service | <u>Admissions</u> | | |
| | <u>Non-Admissions</u> | <u>Needs To Be Seen by Attending</u> | |
| | | <u>Send Outs</u> | |
| | | <u>AMAs</u> | |
| | Total | | |

| Date: _____ | Night Float | General Senior |
|--------------|-------------|----------------|
| Printed Name | | |
| Signature | | |

***After each sign out has occurred from each and every resident listed above, take a picture of this page and e-mail it to Echernyak@maimonidesmed.org**