**Infirmary Admission Form**

**Offender Name**: **Offender #**:

**Admission / Transfer Requested By**:

**Admission/Transfer Approved By**: **Transferring from**:

 Regional Medical Officer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Hospital:­­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Chief Medical Officer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Corrections Facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Health Practitioner II \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Health Care Administrator \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Estimated Time / Date of Arrival**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Admit / Transfer to:**

 Anchorage Correctional Complex East (ACC-E) Infirmary

 Goose Creek Correctional Center (GCCC MSU) Infirmary

**Admission / Transfer Diagnosis:**

**Admission / Transfer Criteria**:

 Infectious Disease requiring I.V. therapy, frequent wound care, or contact isolation

 Tuberculosis (Active TB or suspected TB requiring negative pressure room during screening)

 Cancer treatment (Chemotherapy, daily radiation, or surgery)

 Long-term I.V. or PICC Therapy (medication, nutrition, or hydration)

 Post-Operative / Post-Inpatient transitional care prior to return to originating facility

 Pre-Operative / Pre-Procedural Segregation (Endoscopy prep, surgery prep, etc.)

 Extended care / Long-term Skilled Nursing care

 Observation (24 hours) for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Precautions:**

 Routine skilled nursing care  Contact precautions

 Respiratory precautions  Neutropenic precautions

**Mental Health**:

 Refer to Institutional Mental Health

**Allergies**:

**Comments / Special Needs**:

Date / Time: \_\_\_\_\_\_\_\_\_\_ Requesting Staff: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **FAX / SCAN:** | Fax completed form to Infirmary **OR** Scan to Electronic Health Record (EHR).Anchorage Correctional Complex East (ACC-E) Infirmary Fax: 907-269-4235Goose Creek Correctional Center (GCCC) Infirmary Fax: 907-864-8455 |