

To serve your patients/residents best, there is some vital information that we need in order to provide the highest level of care.

- Consent (for those who cannot sign for themselves)
 - This must be signed by guardian or power of attorney.
 - We can send this out in advance and have it faxed to us.
 - We can accept verbal consent from a guardian or power of attorney.
 - We will send a written consent to be signed.
- Notify responsible party/guardian/power of attorney about the visit to the hospital
 - This helps to avoid confusion about why a loved one is being seen at the hospital.
- Patient information needed
 - Demographics (Facesheet)
 - Name and contact information for responsible party/guardian/power of attorney
 - Reason for visit
 - Recent illness
 - History of multidrug resistant organisms
 - Medical history related to reason for imaging study
 - Mobility status/issues
 - Is a mechanical lift needed?
 - Medications and when they were last given
 - Diet
 - Type
 - Modifications
- Attire
 - We ask that patients come appropriately dressed to maintain dignity and modesty.
 - We understand that there may be exceptions for emergent situations.
- Patient advocate
 - We would appreciate a caregiver/responsible party accompany the patient for outpatient procedures if:
 - The patient is unable to communicate.
 - The patient is unable to advocate for himself or herself.
 - The patient is unable to identify himself or herself.
 - The patient has specific self-care needs that require assistance.
- Imaging non-emergent scheduling
 - Scheduling a specific time is preferred.
 - This will reduce delays/wait time.
 - MRI screening form we need to be completed prior to MRI. It is located on our website or we can fax this to you.
- Nurse to nurse communication
 - We would appreciate a one on one call to provide pertinent information regarding the patient.
 - Same Day: 509-397-3435 x 492 Please ask for RN for a nurse to nurse report.
 - ED: 509-397-3435 x 325 Please ask for RN for a nurse to nurse report.

IMPORTANT ITEM	YES	NO	COMMENT
Consent form completed			
Responsible party notified of hospital visit			
Name and contact information for responsible party/guardian/power of attorney			
Reason for visit			
Recent illness			
History of multidrug resistant organisms			
Relevant past medical history			
MRI screening form			
Mobility status			
Assistive device used			
Mechanical lift needed?			
Current medications last dose given.			
Diet type and modification			
Call nurse			