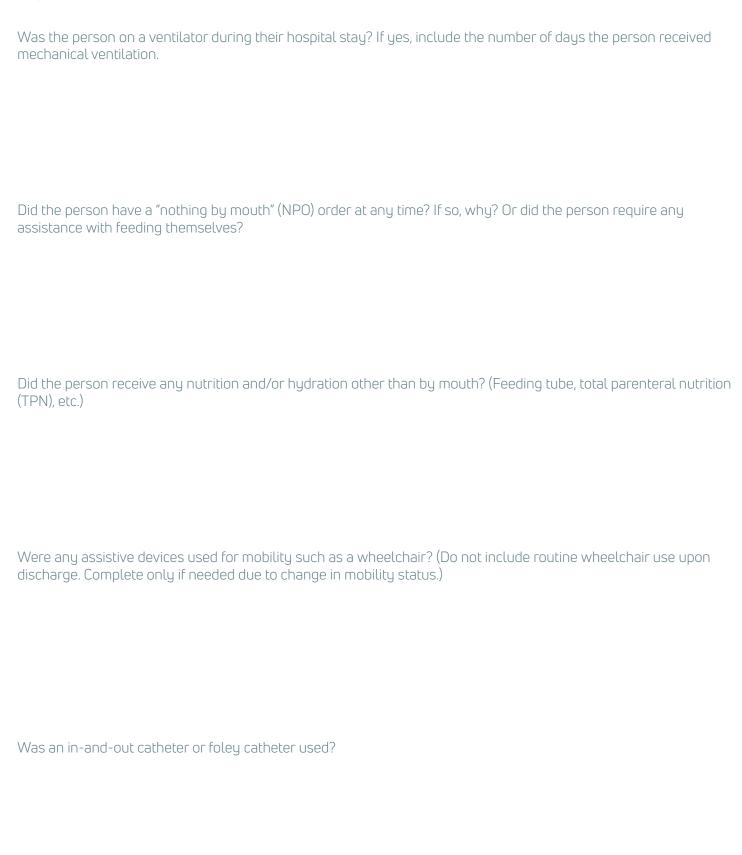


Acute Care Summary for People with IDD

To facilitate continuity of care, please complete the following questions in relation to this hospital stay, emergency department visit, hospital observation period, or other facility stay. This information is particularly important for people with intellectual and developmental disabilities (IDD) to assist in identifying health and safety risks and needed supports. Prior to returning to a person's home setting, the person must be in a stable and predictable condition where routine care can be safely provided by non-licensed supporters.

Today's date:	Facility name:
Person's name:	Date of birth:
Medication or food allergies/intolerances:	
Date of emergency department visit:	
Reason for visit:	
Date of hospital admission:	Date of hospital discharge:
Admission diagnoses:	
Discharge diagnoses:	
Did the person spend time in ICU during this hospital stau	? If so, what was the reason and treatment provided?







Date of catheterization:	Date catheter was removed:
Did the person self-remove any IVs, tub	es, or catheters or refuse medical treatment?
Were any behavioral supports required	, such as wrist restraints, gloves/mittens, 1:1 sitter, etc.?
If so, why?	For how long were these interventions in place?
Date of last bowel movement: Were any bowel aides used, such as a c	digital removal of an impaction or enema?
Were there any skin concerns such as t	oruising, rashes, cuts, redness, or pressure injuries?



Were there any falls or near falls during the stay?
Any injuries during this stay? If so, what treatment was provided?
Was any speech, occupational, or physical therapy provided? If so, why?
Please provide the following medical records: -All as-needed (PRN) and routine medications taken -Vaccines given -Treatments rendered (i.e. nebulizer treatments, CPT, ECT, and others) -Lab results -Findings of diagnostic procedures -Surgical procedures -Consults -Emergency department notes -History and physical
-Discharge summary Please provide the following information related to follow-up care:
-Appointments/referrals-Discharge diet orders-New medication orders (including discontinued medications and/or dosage changes)-Special orders (level of activity, assistive devices, etc.)
Name of person completing this information:
Contact number: