**Part A:**

The student plays the role of a Healthcare Worker (HCW). The HCW receives written information regarding a client who had presented to the Emergency Department and requires transfer to Pre-Op prior to surgery

The assessor plays the role of the HCW supervisor and provides the client history in the case scenario to the HCW.

The student uses the case scenario to receive and interpret written instructions using medical terminology and uses medical terminology in oral communication with the AHA supervisor (a health professional).

**Part B:**

The student plays the role of a Healthcare Worker (HCW). Using the case scenario, the HCW receives written information regarding equipment and belongings required to prepare patient for transfer and to be transferred with the patient to Pre-Op

The student uses a checklist to ensure equipment and belongings are transferred with patient.

**Part C:**

The student plays the role of a Healthcare Worker (HCW). Using the written information contained in the case scenario, the HCW is required to complete the Transfer Summary Template so that this information can be communicated with another health professional.

**SCENARIO – Discharge Form/Checklist (from ward)**

**Identify**

Mr Simon Pham

UR-900123456 DOB 21/09/1945

17 Terrace Street, Box Hill, VIC 3128

Handover from B James, Head HCW – Ward 2East

**Situation**

Hospitalised for 2/52 following delirium and aggression, post op from the PPM, medication controlled past 2/52

Stage III Dementia, diagnosed 2x years ago. Becomes frustrated with communication

LHS hemiparesis, used GF as mobility aid. FWB, Ind with transfers and ambulation

2L O2 via NP

**Background**

Phx, Emphysema, diagnosis 5 years ago, T2DM, diet controlled, AF (PPM inserted 2/52)

Soc HX – Can become impatient at times due to dementia, lives with Son. Mandarin preferred language for Mr Pham, interpreter required

**Recommendation**

T/F to D/C Lounge @1330 via Trolley

Contact interpreter service @1220 for above time

Collect all pt belongings for transfer, complete checklist with pt and prior to transfer to ensure all equipment

|  |  |  |
| --- | --- | --- |
| **1** | What are the client’s details and what is their current situation? Expand in full all medical terminology and ensure the correct pronunciation. |  |
| Candidate response |
| **2** | What is the client’s past medical history? Expand in full all medical terminology and ensure the correct pronunciation. |  |
| Candidate response |
| **3** | What level of assistance and aids did the client have for transfers and mobility prior to admission? Expand in full all medical terminology and ensure the correct pronunciation. |   |
| Candidate response |
| **4** | If you were unsure about an instruction containing medical terminology or abbreviation, what would your response be?Provide two (2) examples. |   |
| Candidate response |

*Using the written information contained in the case scenario, you are required to identify the equipment that is required to transfer the patient from the Emergency Department to Pre-Op and the patient belongings to be collected for transfer. You will use a checklist in this part of the task to document what equipment and belongings are required.*

|  |
| --- |
| Transfer checklist: |
| Equipment required for Transfer | Required |
| Pat Slide |   |
| Slide Sheet |   |
| Hover Mat |   |
| Trolley |   |
| Patient Lifting Pole with Triangle  |   |
| Hudson Mask  |   |
| Naso Prongs |   |
| O2 Cylinder |  |
| CO2 Cylinder |  |
| Mobility Aid (list) |  |
| Patient Belongings for Transfer  | Required |
| Glasses |  |
| Dentures |  |
| Hearing Aid |  |
| Personal Belongings |  |
| Mobility Aid (specify if needed) |  |

*Using the written information contained in the case scenario, the HCW is required to document the client’s history on the Transfer Summary Template so that this information can be communicated with another health professional.*

**Procedure:**

Document the client’s history on the Transfer Summary Template.

**Expand all medical terminology and abbreviations (write in full language)** on the Transfer Summary Template.

Present the Transfer Summary to the assessor for verification.

|  |  |
| --- | --- |
| Transfer Summary |  |
| Date: Client details: CHx:PHx:SHx:Current function:Plan:Discharge summary completed by: |
|  |  Satisfactory Not yet satisfactory |