**SAFE TRANSITION PLANNING TOOL**

Name: ___________________________  Discipline(s):  PT ☐  OT ☐  ST ☐

Anticipated Transition Date: __________

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<th>Considerations for the interdisciplinary team to ensure a safe transition:</th>
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# SAFE TRANSITION PLANNING TOOL

## Anticipated Destination:
- Private Home/Apt. □
- ALF □
- SNF □
- Other □ __________

## Support:
- Alone □
- With Family □
- With Sitter □
- Other □ __________
- Caregiver (hrs/day) ______

## Checklist for Discharge Destination

### Stairs:
- # Inside ______
- # Outside ______
- Handrail(s): Right □
- Left □
- Both □
- None □

### Floors:
- Carpet □
- Rugs □
- Wood □
- Tile □
- Other □ __________

### Bedroom:
- Main Level □
- Upstairs □
- Sleeps On: Bed □
- Hospital Bed □
- Recliner □
- Couch □

### Bathroom:
- Tub □
- Tub / Shower □
- Walk-In Shower □
- Tub Bench □
- Raised Toilet □

## Recommendations

### Home Evaluation:
- Home Eval Needed: Yes □
- No □
- Date Completed: _______________________
- If no, indicate reason: ___________________
- Family/Patient/Caregiver Education completed? PT □
- OT □
- ST □

### Therapy Equipment:
- Currently Owns: _______________________
- Additional Equipment Needs: _______________________

### Therapy Needs:
- Outpatient: PT □
- OT □
- ST □
- Home Health: PT □
- OT □
- ST □
- Restorative Nursing: PT □
- OT □
- ST □
- Home Exercise Program: PT □
- OT □
- ST □
- Diet Texture and Liquid Viscosity: _______________________

### Additional Comments:
- _______________________
- _______________________
- _______________________
## Safe Transition Planning Tool Checklist

### Staff in Agreement that:

- Patient's individual wants/needs/goals were addressed?  
  - PT
  - OT
  - ST

- All applicable areas of function have been addressed?  
  - PT
  - OT
  - ST

- All goals met or all avenues have been exhausted to reach goals?  
  - PT
  - OT
  - ST

- Patient has reached the highest level of independence needed for the discharge setting?  
  - PT
  - OT
  - ST

- Patient/Caregiver(s) educated and understand discharge instructions?  
  - PT
  - OT
  - ST