Banner Home Health- Referral Requirements

**Home Health Nursing Order:**

* 1 Day 1 4 PRN
	+ Order needs to have Cardio-Pulmonary Assessment or Medication Management
* If HHA is needed:
	+ Assess for HHA for bathing assistance

**Home Health Rehab PT/OT/ST Order:**

* Home Health (rehab service) Evaluation and Treat

**Home Health Medical Social Worker**

* Home Health Medical Social Worker for community resources

**IV Infusion Order**

* Name of IV Medication
	+ Dosage
	+ Frequency
	+ Start/End Date of IV Administration
* PICC Line Care per protocol
* Cathflo PRN
* If the medication will be administered over a week, Lab Orders will be requested.
	+ What the weekly lab draw will be
	+ What doctor to fax lab results to
* 1D1 4PRN

**Enterals Order**

* Type of Formula
* If it’s a Bolus Feeding:
	+ What is the Rate?
	+ Amount of Formula
	+ Frequency
* If it’s a Continuous Pump:
	+ What is the Rate?
	+ Number of Hours for the Pump
* What company is providing the supplies?
	+ The Food, Supplies and/or Pump needs to be at the home prior to the Start of Care
* 1D1 4 PRN

**Wound Care Order**

* Wound Care Specifications:
	+ Location of the wound
	+ Wound Dressing Type
	+ Frequency for Wound Care
	+ If daily wound care is ordered- Who will be learning the wound care?
* 1D1 4 PRN

**Wound Vac Order**

* Foam Color
* Pressure Setting (mmHg)
* Continuous or Intermittent Suction
* How often does the Wound Vac need to be changed?
* 1D1 4 PRN