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