

IDX Downtime Communication Form

Patient Label :

Patient Transfer Information:

Transfer Time: _____

Transfer To: _____

Transfer From: _____

New Service/Attending: _____

Patient Discharge Information:

Discharge Time: _____

Discharge To: _____

Discharge From: _____

IDX Disposition Code: _____

Instructions:

This form must be sent from each Nursing unit via OrderComm to all Hospital Based Services (Pharmacy, Lab, Radiology, Rehab, Dietary, Respiratory Therapy, etc.) and Bed Management at the time the patient is transferred or discharged. If this form is not sent via OrderComm to the appropriate departments, patient information will not be available in the clinical information system (Cerner).