

## Lord Baltimore TRI Center (LBTC) - Hospital Referral Form

- If you have a possible referral for LBTC, please first text or call (410) 952-8738, with your contact information and you will be called back by a provider as quickly as possible for a preliminary screening to ensure that your patient would benefit from admission to our facility.
- Hospital referrals are accepted between 8a-630p, 7 days per week. If your referral is outside of this window, feel free to text/call the number above, and it will be returned the following day.
- This form will be reviewed during our initial patient screening and should be used only as a reference for the information that will be needed.
- If the patient has been preliminarily accepted, please then fax a discharge summary and/or any most recent clinical documentation to (443) 529-0875
- Once all paperwork has been received and reviewed by our provider – a final decision will be made and you will be contacted.
- If additional information is necessary or further evaluation is needed, a provider-to-provider call is required before final acceptance of any referral.
- Once accepted, the TRI Center logistics team will work with the referring hospital to arrange transport – please do not send patient in any other form of transportation.

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Preferred Pronoun: \_\_\_\_\_

Patient cell phone number: \_\_\_\_\_

Primary language: \_\_\_\_\_

Referring hospital: \_\_\_\_\_

Referral contact (name and phone number): \_\_\_\_\_

Address for pick up: \_\_\_\_\_

Ready for discharge now?  Yes  No If no, anticipated discharge date \_\_\_\_\_

**Eligibility Criteria – *Is/has the patient:***

YES	NO	Able to independently perform all activities of daily living (eating, bathing, toileting, dressing, transferring)?
YES	NO	Able to independently manage medications (dosing, storage)?
YES	NO	Competent and able to make all their own medical decisions?
<b>All answers above must be 'YES'</b>		
YES	NO	Currently expressing any suicidal or homicidal ideation? Or expressed any SI/HI in the last 48-hours?
YES	NO	Displayed any aggressive/violent/threatening behaviors in the last 48-hours?
YES	NO	Needed any significant mental health interventions in the last 48-hours - ie. had to be restrained (either physically or chemical restrained), needed a sitter, had to be Emergency Petitioned?
YES	NO	Bedbound, or restricted to bed/immobilized for any reason (including musculoskeletal injuries)?
YES	NO	Had any persistent vomiting or diarrhea, and/or any concerns for C. difficile?
YES	NO	In the last 24-hours, has the patient needed any oxygen and/or had any documented O2 saturation below 94%? Or ambulatory O2 saturation below 92%?
YES	NO	At risk for alcohol or benzodiazepine withdrawal and/or had a CIWA score above 8 at any time during hospitalization? <i>*If YES - must be monitored for an additional 48-hours in hospital and no longer require benzodiazepines before being able to be rescreened for LBTC</i>
YES	NO	Requiring ANY type of clinical monitoring/vital signs more than once per day?
YES	NO	Been diagnosed with any other transmittable respiratory infection (influenza, RSV, TB, etc)?
<p><b><u>If 'YES' to any of the above questions, the patient may not be eligible for admission to LBTC. Please re-refer the patient if any of the above answers change and/or after additional period of in hospital monitoring.</u></b></p>		



Housing Status:

- Homeless/Unstably Housed  Unable to isolate at home
- Congregate setting (shelter or other group setting)

If congregate setting, name and address of shelter/housing: \_\_\_\_\_

COVID-19 Information:

COVID Test Date and Location: \_\_\_\_\_

COVID Test Result:  Positive  Pending

*PUI (Patient Under Investigation)* – Is the patient symptomatic and/or have a known close exposure?  Yes  No

First date/length of symptoms: \_\_\_\_\_

COVID-19 HPI and clinical course: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any identified need for extended COVID isolation (immunocompromised, severe illness)?  Yes  No

Most recent vitals: Temp \_\_\_\_\_ O2 Sat \_\_\_\_\_ HR \_\_\_\_\_ RR \_\_\_\_\_ BP \_\_\_\_\_

Medical Information:

Medical and mental health diagnoses: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current Medications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*Patient MUST be given/have available a 14-day supply of all medications prior to admission to LBTC\*\***

Does the patient use any injectable medication (insulin, hormones) and if so, do they also have a 14-day supply of needles?  Yes  No

Do they have a glucometer if needed?  Yes  No



Smoker:  Yes  No

Marijuana use:  Yes  No

Current alcohol use:  Yes  No

If yes, number of drinks per day and date/time of last drink: \_\_\_\_\_

History of withdrawal: \_\_\_\_\_

Illicit opioid use (heroin/fentanyl/pain pills) or positive on toxicology screen:  Yes  No

If yes, use per day and date/time of last use: \_\_\_\_\_

On medication for opioid use disorder?  Yes  No

If yes,  methadone  buprenorphine (suboxone)

Name and phone number of treatment program: \_\_\_\_\_

Number of doses on hand: \_\_\_\_\_

*\*If actively using and not currently on medication for Opioid Use Disorder further discussion needed prior to LBTC acceptance.*

Functional needs (ie. wheelchair, hard of hearing, low vision): \_\_\_\_\_

Does the patient use a CPAP machine?  Yes  No

If yes, do they have a machine to bring to LBTC?  Yes  No

Dialysis:  Yes  No

If yes, Dialysis location: \_\_\_\_\_ Dialysis schedule: \_\_\_\_\_

Has the dialysis center confirmed they will accept this COVID positive or PUI patient?  Yes  No

\_\_\_\_\_  
TRI Center Staff: \_\_\_\_\_ Date: \_\_\_\_\_  Approved  Denied

*Once the patient has been accepted, please be sure to review this information with them so they clearly know what to expect before coming to stay at The Lord Baltimore TRI Center.*

What to expect at LBTC

- Private room with private bathroom and television
- Three meals a day and snacks
- Families may reside in the hotel together
- Visitors are not allowed
- All bags will be searched to ensure safety of all residents and staff
- Daily check-ins from clinical team for symptom checking, vital signs, and over-the-counter medication administration
- Smoking room is available
- Must agree to stay on hotel floor - cannot leave the building, but can interact with other residents on their floor
- Inability to leave the building to procure items such as food or alcohol
- Personal information will not be shared with other agencies and residents will be protected from authorities while at the hotel
- Residents will be asked to stay until they are healthy and no longer infectious - usually about 10 days
- Staying in the hotel is voluntary. If at any time a resident wants to no longer stay at the hotel, they will be permitted to leave