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| **QUALMED** (Mon-Fri. 9am-6pm, Sat. 9am-1pm)  *After hours / weekend details below* | |
| **Email:** | [info@qualmed.co.nz](mailto:info@qualmed.co.nz) |
| **Phone:** | (03) 943 7568 |
| **Mobile:** | 021 240 4878 |
| **Address:** | 44 Mandeville St, Riccarton, ChCh |

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| **ADULT CRISIS RESPITE** | |
| **Email:** | [arespite@stepstone.org.nz](mailto:arespite@stepstone.org.nz) |
| **Phone:** | (03) 338 8803 **or Fax:** (03) 338 8842 |
| **Mobile:** | 022 583 6011 |
| **Address:** | 110 Domain Terrace, Spreydon, ChCh |

**PLEASE NOTE:** Once the Referrer has provided Crisis Respite with all required information **via phone**, and the client has been accepted, then the following paperwork is to be completed and emailed.

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| **PRIOR TO ADMISSION - Checklist for Referrers** | | **Check**  **Completed** |
| 1 | **New Scripts to be written for 7 days plus 1 repeat:**  **All medications to be blister packed (psychiatric and physical and PRN)**  **PRN medication scripts to include indication for use and max dose in 24 hours**  **All scripts must accurately reflect correct times the client is to take their medications (please check carefully - or staff cannot administer)**  **All scripts to include name of respite facility** |  |
| 2 | **Scripts to be emailed** to both:  Qualmed [info@qualmed.co.nz](mailto:info@qualmed.co.nz) and Respite provider [arespite@stepstone.org.nz](mailto:arespite@stepstone.org.nz) |  |
| 3 | **Medi-Map**  **Crisis Respite is switching to Medi-Map for all medication administration from the 20th February. To register for access to Medi-Map go to** [**www.medimap.co.nz**](http://www.medimap.co.nz)**. Medi-Map profile will be created by SST Crisis respite following acceptance of referral.**  **Charting completed by referring prescriber on Medi- Map**  **Supporting e-scripts generated on Medi-Map. Select Qualmed Pharmacy** |  |
| 4 | **Forms below to be completed and emailed** to: [arespite@stepstone.org.nz](mailto:arespite@stepstone.org.nz)  Respite Referral Form  Progress note (include details of reason for respite)  Current Crisis Plan (if not available, please write in the Progress note clear directions for how staff are to support the client during their stay in respite)  Management / support plan / care plan  Current face to face assessment  Detox plan for AOD clients  Detailed risk information (current and historical - people with arson history need to go through a process of insurance clearance prior to entry to the service)  Review plan for after hours clinical support AND exit plan |  |
| 5 | **After hours / weekend** details:  **Medications**: Providers allow for a 48-hour period from Admission during which time a client’s own medications can be used. For this to happen, Providers require:  New Scripts for 7 days plus 1 repeat still to be emailed to both Qualmed and Provider  Client’s own medications to be taken with them to Respite  **Note**: only medications that are correctly labelled, in original pharmacy packaging and are correctly documented on the script, can be dispensed - this includes all medications (psychiatric and physical and PRN, including paracetamol). |  |