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| **QUALMED** (Mon-Fri. 9am-6pm, Sat. 9am-1pm)*After hours / weekend details below* |
| **Email:** | 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  |
| **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 and Respite provider 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[ ]  Respite Referral Form [x]  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). | [ ]  |