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# DELAYED THERAPY COMMUNICATION FORM

PATIENT IDENTIFICATION

**\* Intervention Section MUST be Completed**

PERSON DOCUMENTING DELAY:			PERSON RESPONDING TO DELAY:		
DATE:	TIME: (Military Time)	ROUTINE:	NAME OF PROCEDURE:	DATE ORDERED:	
		STAT:			

## TRACKING CODES

RESPIRATORY Variance Codes		DIALYSIS Variance Codes			
<b>B1</b>	Therapy Contraindicated	<b>F1</b>	No Dialysis Chair in Community	<b>N4</b>	Patient Not Mobilized
<b>B2</b>	Therapist Not Notified / Incomplete Orders	<b>F2</b>	Delay in Obtaining Contract	<b>N5</b>	Approved Dept Not Notified
<b>B3</b>	Scheduling Conflict	NUTRITION Variance Codes		PATIENT / FAMILY Variance Codes	
CASE MANAGEMENT Variance Codes		<b>G1</b>	Delay in Response to Consult Ordered	<b>P1</b>	Condition Worsened
<b>C1</b>	Delay in Response to Order	<b>G2</b>	Delay in Delivery of diet / TF / Supplements	<b>P2</b>	Patient / Family Indecisive
<b>C2</b>	Lack of Timely Documentation	CARDIOLOGY Variance Codes		<b>P3</b>	Patient Unable to Consent
<b>C3</b>	Community Placement Unavailable	<b>H1</b>	Awaiting Cardiac Catheterization 2D Echo / Procedure	<b>P4</b>	Patient / Family Uncooperative
<b>C4</b>	Guardianship Issues	<b>H2</b>	Test / Procedure / Report Not Available	<b>P5</b>	Patient / Family Unavailable
<b>C5</b>	Transportation Issues	<b>H3</b>	Test Not Scheduled	RADIOLOGY Variance Codes	
MD / HEALTH CARE PROVIDER Variance		LABORATORY Variance Codes		<b>R1</b>	Test Ordered - (Error / Not Done)
<b>D1</b>	Delay in Ordering Test; Consult: Procedure as indicated in Plan	<b>L1</b>	Lab Results Unavailable	<b>R2</b>	Test Not Done - (Equipment Failure)
<b>D2</b>	Delay in Performing Consult	<b>L2</b>	Test Cancelled by MD / RN / Lab	<b>R3</b>	Report Not Available in Timely Manner
<b>D3</b>	Delay in Discharge: (Pt Stable)	<b>L3</b>	Unable to Collect Specimen (RN / MD / Draw) <b>-or-</b> (Patient Unavailable / Refused / Discharged / Transfusion)	SURGERY Variance Codes	
<b>D4</b>	Procedure / Test could be done as Outpatient	NURSING Variance Codes		<b>S1</b>	Scheduling Conflict
EMERGENCY ROOM Variance Codes		<b>N1</b>	Order Transcribed Incorrectly / Order Not Entered	<b>S2</b>	Patient Not Prepared
<b>E1</b>	No Bed Assignment	<b>N2</b>	Order Not Transcribed / Performed	THERAPY / REHAB Variance Codes	
<b>E2</b>	Delay in Writing Admitting Orders	<b>N3</b>	Patient / Family Teaching Not Done	<b>T1</b>	Delay in Consult Response
				<b>T2</b>	Delay in Treatment
				<b>T3</b>	Awaiting Equipment (Specify)

OTHER	DELAY DESCRIPTION	INTERVENTION	* INTERVENTION

ORIGINAL = IOP

YELLOW = Responding Dept

PINK = Initiation Dept

This Form Is Not A Permanent Part of the Medical Record