

CAB DISPOSITION* CHECKLIST

(The checklist's purpose is to help mitigate unforeseen risks of a cab disposition)

* Consider CAB mode of transportation for older adults who have driven their car and disposition is after sunset. If concerned about driving capability, consider completing a State driver's evaluation form online

(https://www.michigan.gov/documents/OC-88_16727_7.PDF).

(Form also found on intranet page in ED Clinician documents).

Please circle responses to questions. If **NO**** is selected, consider an alternate mode of transportation. If a cab route is selected, document the rationale below.

1. Will someone be available to greet patient at the door?	YES NO** N/A
2. Is OMCT (cognitive impairment screen) negative?	YES NO** N/A
3. Has there been a discussion of cab disposition with family?	YES NO** N/A
4. Is the patient without a head injury?	YES NO** N/A
5. Has the Gait and Balance (eg. TUG) of a patient whose chief complaint was a fall, dizziness, syncope, or weakness been evaluated?	YES NO** N/A
6. If SW was ordered, has the patient been evaluated?	YES NO** N/A
7. In a patient with a psychiatric diagnosis, has an alternate mode of transportation been considered?	YES NO** N/A
Note: Consider asking the patient to phone the ED upon arrival in their residence or have the ED clerk call their home to confirm safe entry. Insert the form back into a folder in the clinical lead desk. Optional: Leave on the chart	
**RATIONALE/COMMENT(s):	

Medical records: If you receive form please return it to M. Moccia (Emergency Department). Thank you