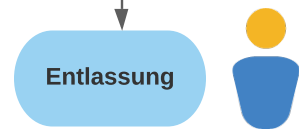
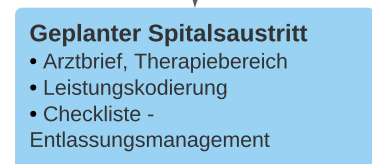
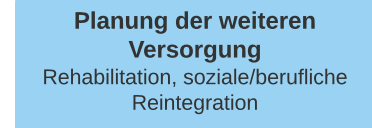
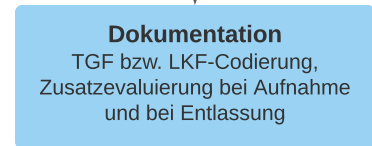
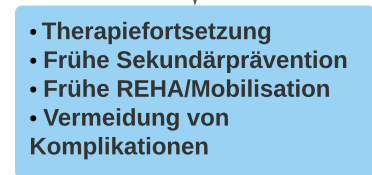
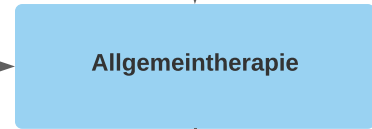
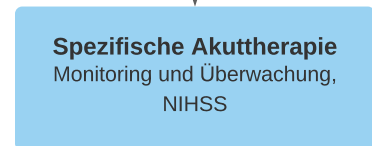
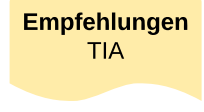
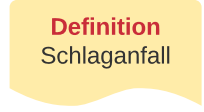
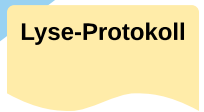
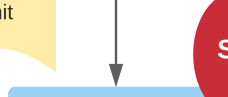
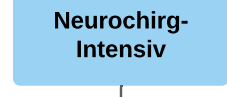
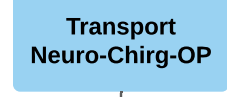
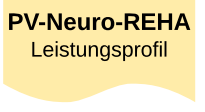
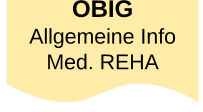
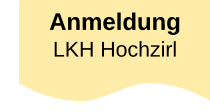
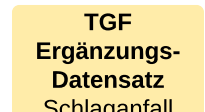
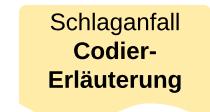
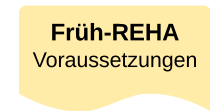


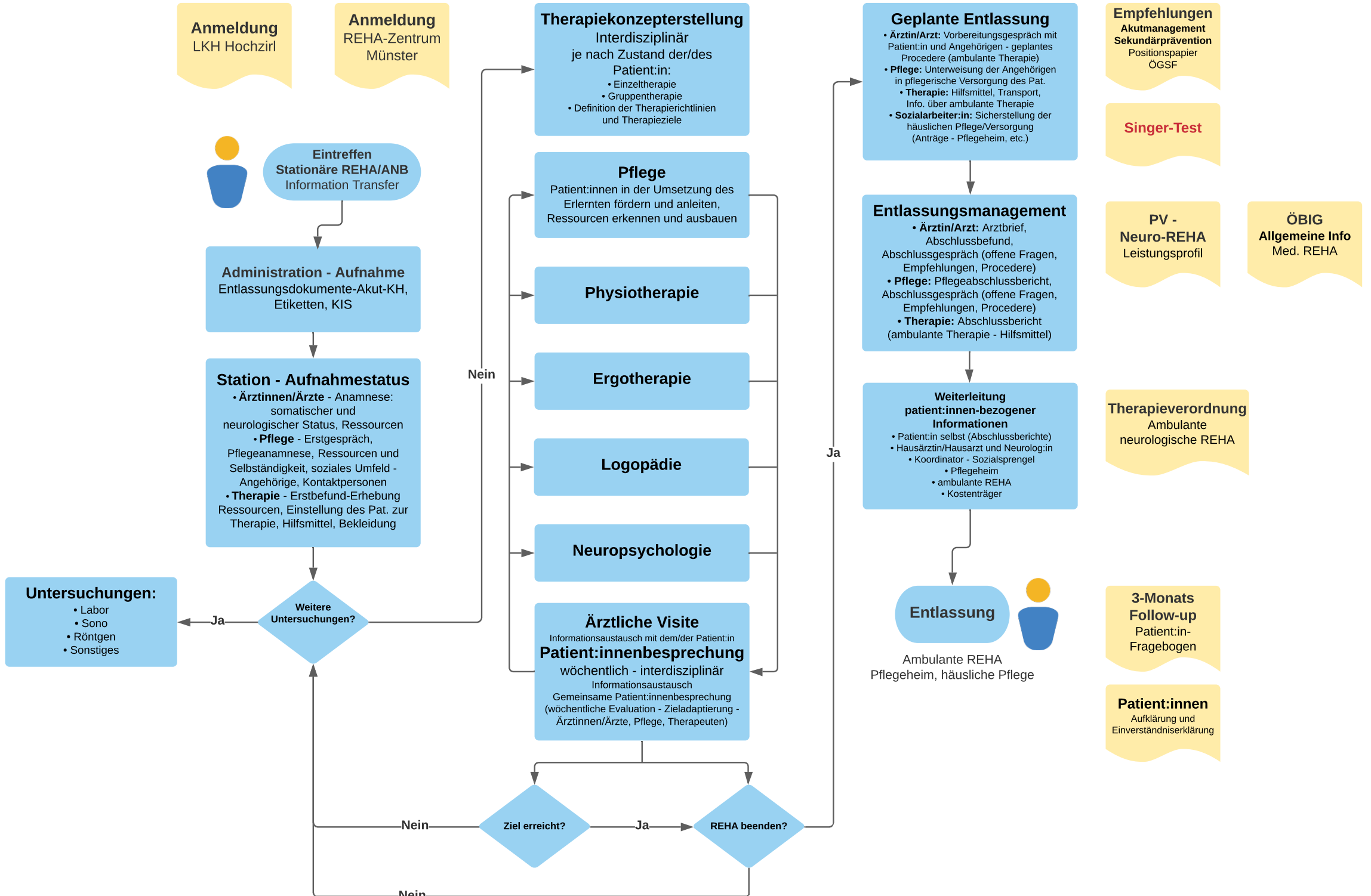
Ja

Nein



Stationäre REHA/ANB
Pflegerheim
Häusliche Pflege
Ambulante REHA





Patient:in
Aufklärung und
Einverständniserklärung

Checkliste
Entlassungs-
management

Checkliste
Hausärztin/
Hausarzt

Therapieverordnung
Ambulante neurologische
REHA

TÜP
Therapeut.
Übergabeprotokoll

Singer-Test

Checkliste
Koordinator

**Entlassung
Akut-KH**
Stationäre
REHA/ANB

Voraussetzungen

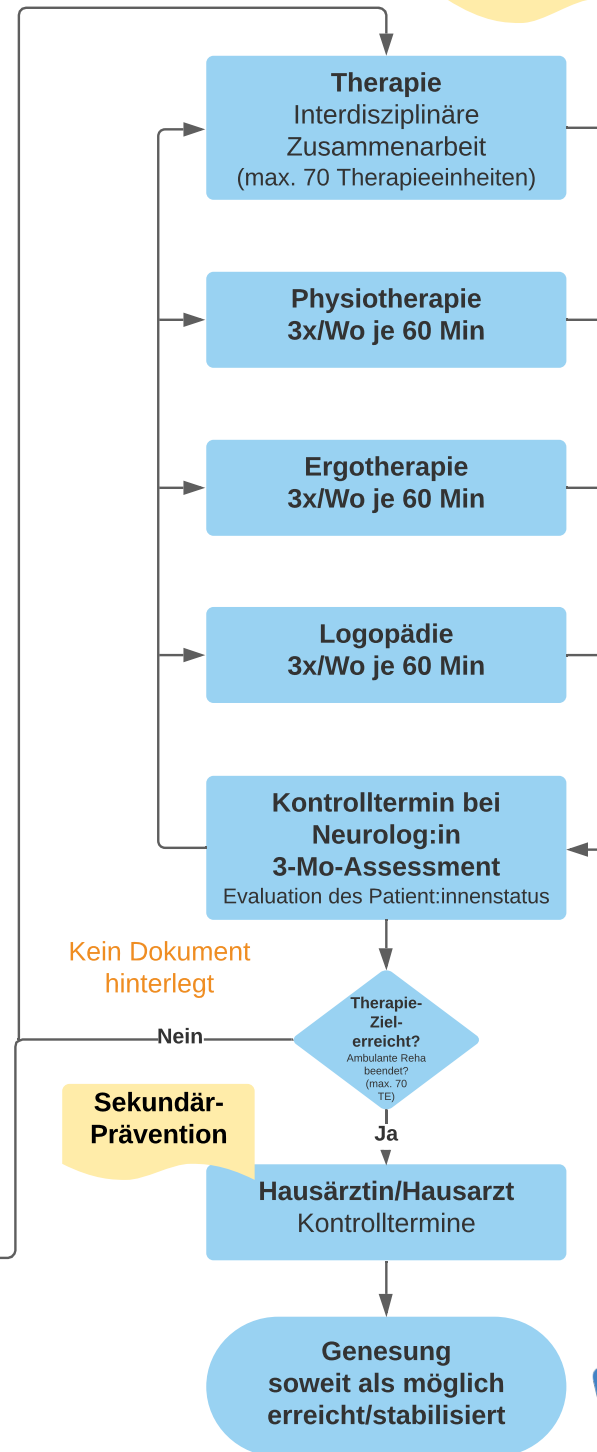
- **Diagnose:** I61 und I63
- **SA-Ereignis:** nicht älter als 6 Monate
- **Hauptwohnsitz:** Tirol
- **SV:** in Österreich
- **Patient:inneneinverständnis**
- **Max. 70 Therapieeinheiten** (30 TE; 20 TE; 20 TE)

**„Entlassung“ in
häusliche Pflege oder
Pflegeheim**

- **Ärztin/Arzt:** Arztbrief, Abschlussbefund, Therapie-Empfehlung, Procedere Therapieverordnung (PT, ET, Logo)
- **Pflege:** Pflegeabschlussbericht, Empfehlungen, Procedere
- **Therapie:** TÜP, SINGER-Test
- **EM:** Patient:innenaufklärung, Entlassungsmappe

**Koordinator –
Sozialsprenkel/Heim**

Kont. Informationsaustausch mit
Therapeut:in, Pat., Hausärztin/Hausarzt,
Neurolog:in,
Organisation und Koordination der Therapie,
Bewilligung der Verordnung



Checkliste
Therapie

Singer-Test

*Excel-File statt PDF

Checkliste
Fachärztin/
Facharzt/

Kein Dokument
hinterlegt

**Sekundär-
Prävention**

