



INTRA HOSPITAL TRANSFER FORM

level 2 or 3 patients

BEFORE DEPARTURE...	DURING TRANSFER...	AFTER TRANSFER...																																																																																																															
<p>Affix sticker/ write details Name: _____ DOB: _____ Hospital No: _____</p>	<p>Consultant _____ Informed? <input type="radio"/> Consent form required? <input type="radio"/> ALLERGY No <input type="radio"/> Yes <input type="radio"/> Details _____</p>	<p>Uneventful transfer: Yes <input type="radio"/> No <input type="radio"/></p> <p>Critical incident? Yes <input type="radio"/> No <input type="radio"/> <input type="radio"/> Minor and brief <input type="radio"/> Compromising <input type="radio"/> Life threatening <input type="radio"/> Fatal Type of incident: <input type="radio"/> Respiratory <input type="radio"/> Circulatory <input type="radio"/> Neurological <input type="radio"/> Drug related <input type="radio"/> Equipment problem <input type="radio"/> Organisational <input type="radio"/> Trauma/ injury <input type="radio"/> Battery failure Details:</p>																																																																																																															
<p>Date: __/__/__</p> <p><input type="radio"/> Immediate <1 hour <input type="radio"/> Emergency <6 hours <input type="radio"/> Urgent < 24 hours <input type="radio"/> Scheduled</p> <p><input checked="" type="checkbox"/> A <input type="radio"/> Own <input type="radio"/> ETT <input type="radio"/> Tracheostomy Intubation grade __ Tube size__ length__</p> <p><input checked="" type="checkbox"/> B <input type="radio"/> FiO2 . __ Ventilation mode _____</p> <p><input checked="" type="checkbox"/> C <input type="radio"/> Peripheral lines __G__G <input type="radio"/> Arterial line <input type="radio"/> Central line <input type="radio"/> IABP <input type="radio"/> Pacemaker/ ICD</p>	<p><input checked="" type="checkbox"/> D GCS: __ (E__V__M__) Pupils L__R__ (size/ reactivity) <input type="radio"/> Sedation <input type="radio"/> Analgesia</p> <p><input checked="" type="checkbox"/> E <input type="radio"/> Oxygen cylinders <input type="radio"/> Suction <input type="radio"/> Monitor with ETCO₂ <input type="radio"/> Defibrillator if appropriate <input type="radio"/> Transfer bag checked <input type="radio"/> Emergency drugs <input type="radio"/> Drug infusions: 1 _____ rate _____ 2 _____ rate _____ 3 _____ rate _____ 4 _____ rate _____</p> <p><input type="radio"/> Spare infusion drugs <input type="radio"/> Fluid/ blood available as needed <input type="radio"/> Chest drain management <input type="radio"/> ICP bolt <input type="radio"/> EVD <input type="radio"/> Need for isolation? Resistant organism _____</p>	<div style="text-align: center;"> <p>From → To ← Return to</p> <p>.....</p> <p>Departing Time : : : : Arrival Time : : : : Departing Time : : : : Arrival Time : : : :</p> </div> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TIME:</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>SpO₂</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>ETCO₂</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>180</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>160</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>140</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>120</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>100</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>80</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>60</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>40</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> <p>Drugs: _____</p> <p>Fluid: _____</p>	TIME:										SpO ₂										ETCO ₂										180										160										140										120										100										80										60										40										<p>Incident form completed: Yes <input type="radio"/> No <input type="radio"/></p> <p>ESCORTING PERSONNEL Names and grades _____ Formally transfer trained? Yes No <input type="radio"/> <input type="radio"/></p> <p>_____ <input type="radio"/> <input type="radio"/> _____ <input type="radio"/> <input type="radio"/> _____ <input type="radio"/> <input type="radio"/></p> <p>Signature: _____</p>
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