<table>
<thead>
<tr>
<th>Date</th>
<th>Time (24 hours)</th>
</tr>
</thead>
</table>

**Diagnosis:**

**Allergies:**

**Age:**

**Code Status:**

Isolation Precautions:  □ Contact; Reason: □ Droplet; Reason:

**Past Medical History:**

**Screening for H1N1/Pneumonia Vaccine Done:** □ YES □ NO

**Needs Flu/Pneumonia Vaccine:** □ YES □ NO

**Unit Course Summary:**

**Current Medications:**

**Last Pain Medication:** □ YES □ NO Date/Time:

**Physical Assessment**

**Neuro:**

**Behavior issues/Restrains:**

**Respiratory:**
**CU/CCU NURSING TRANSFER SUMMARY**

<table>
<thead>
<tr>
<th>Smoker within the past year:</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

Cardiovascular:

Gastrointestinal:

LBM:

Genitourinary:

Skin:

**IV Lines/Drains (locations and insertion dates)**

Is patient assessed as a Fall Risk: | NO | YES (ensure protocol in place on transfer) |

Transfer summary written by: | Date: |

Transfer summary updated by: | Date: |

Report called to: | Unit: | Time: |

Patient transfer time: | Via: |

Patient transferred by: | Via: | Monitored: | YES | NO |