

SERVICE/TEAM: _____ Transfer ETA: _____ Room # assigned: _____

Admitting Diagnosis

Transferring Unit:

Receiving Unit:

Chief Complaint:

Medical History:

ALL ACTIVE PROBLEMS:

NKA Allergic to:

SELECT ONE: Transfer
 ED Admit
 Procedure

VALIDATE: ID band on
 Allergy band
 Isolation band

Living Will / Advance Directive: YES NO
Valuables form completed: YES NO
Hospital Consent form signed: YES NO
Communication barrier: YES NO

Isolation: RESP
 CONTACT
 DROPLET
 MRSA

Precautions: SKIN
 FALL
 SUICIDE
 PRISONER

Specify: _____
Dialysis Patient: (If yes, inform Dialysis Unit) YES NA
Sitter _____ (y/n) For: psych safety

Interventions (diagnostic tests, procedures, etc):

Medications Given See MAR - Transfers Only

_____ **Cardiac Monitor - Rhythm** _____
_____ **O2:** _____ **liters via** _____
_____ **Other** _____
_____ **Foley:** _____ (size) _____ (urine color) _____ **NGT:** _____ (size) _____ (clamped/suction) _____ **Last BM on** _____ (date)

_____ **IV/IVF** (gauge, site, fluids, drips-PCA): _____

Current Lab Results: Cultures done: Sputum Blood Urine Wound

WBC: _____ CK: _____ MG: _____ D-dimer: _____

Hgb/HCT: _____ Ck-MB: _____ Ca: _____ Plt: _____ Trop: _____



Lab Results Pending: _____ Labs to be drawn: _____ Cardiac Enzymes drawn at _____

Vital Signs (first and last):

Time	BP	P	RR	Temp	GCS	Pulse Ox	Pain Scale	Total Intake:
								Total Output:
								Est. Blood Loss:

Additional Information: _____

Functional level: Independent Needs Assistance Totally dependent Check only if applicable: On OT/PT Incontinent

Minimum notification requirements for patient transfer:

1. The **transferring** unit RN will call the **receiving** unit RN verifying bed #, bed/unit readiness, and establish an agreed-upon transfer time (ETA).
2. This completed form will be faxed to the receiving unit **15 minutes prior to the transfer ETA**.
3. The **receiving** unit RN will call the **transferring** unit RN verifying receipt of the form, and clarifying any question at that time.
4. The patient is transferred at the agreed-upon time (ETA) documented in the upper right-hand corner of this form.
5. If the agreed-upon time cannot be met, the unit unable to meet the ETA will notify the other unit, and establish an agreed-upon revised ETA.
6. **Changes of Shift collegiality:** whenever possible, units should **avoid timing patient transfers during the change of shift (6:30-7:30, AM or PM)**.

RN/LPN Providing Report: _____ RN/LPN Receiving Report: _____ Phone#: _____

Patient Label

TRANSFER/ADMISSION REPORT