Appendix F

Salisbury NHS
NHS Foundation Trust

## Intrahospital Patient Transfer Form

**Name:** **DOB:**

**Hospital No:** **Date of admission**

**Presenting complaint and provisional diagnosis**

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Referring Ward** | | | | **Receiving ward** | | | |
| ED | ☐ | Laverstock | ☐ | ED | ☐ | Laverstock | ☐ |
| Amesbury | ☐ | Pembroke | ☐ | Amesbury | ☐ | Pembroke | ☐ |
| Avon | ☐ | Pitton | ☐ | Avon | ☐ | Pitton | ☐ |
| Britford | ☐ | Radnor | ☐ | Britford | ☐ | Radnor | ☐ |
| Burns | ☐ | Redlynch | ☐ | Burns | ☐ | Redlynch | ☐ |
| Chilmark | ☐ | SSEU | ☐ | Chilmark | ☐ | SSEU | ☐ |
| Downton | ☐ | Tisbury | ☐ | Downton | ☐ | Tisbury | ☐ |
| Farley | ☐ | Whiteparish | ☐ | Farley | ☐ | Whiteparish | ☐ |
| Hospice | ☐ | Winterslow | ☐ | Hospice | ☐ | Winterslow | ☐ |

**Significant past medical history** ☐

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Asthma | ☐ | Stroke | ☐ | Hypertension | ☐ | Diabetes | ☐ |
| COPD | ☐ | TIA's | ☐ | IHD | ☐ | Parkinson's | ☐ |
| PE | ☐ | Epilepsy | ☐ | Mi | ☐ | Renal failure | ☐ |
| Sleep apnoea | ☐ | Dementia | ☐ | Arrhythmias | ☐ | | |

**Current treatment plan:**

**Level of escort required:** **RN** ☐ **HCSW/Relative** ☐ **None** ☐

Asssed by:..... Designation:..... Date: .....

**Outstanding investigations:**

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| CXR | ☐ | MRSA screen | ☐ | Wound swab | ☐ | Blood cultures | ☐ |
| MRI | ☐ | CSU | ☐ | FBC | ☐ | Stool | ☐ |
| CT | ☐ | Sputum | ☐ | U&E | ☐ | Other: | ☐ |

**Nursing Assessment:**
**Respiratory**
Oxygen concentration ———— % Humidification Hot Cold

Chest drain ☐
Tracheostomy ☐
Largyngectomy ☐

**Cardiovascular**

Frequenty of CVS observations ____ hourly
CVP ☐
Intravenous cannula ☐
Pacemaker ☐
Intravenous fluids ☐

CVP: _____ hourly
Date of insertion:
Date of insertion:
Rate: .....mis/hr Pumped

**Gastrointestinal**

Normal diet ☐
Special diet ☐
Nil by mouth ☐
Nasograstric tube/PEG ☐
Enteral feed ☐
TPN ☐
Nausea/vomiting ☐
Diarrhoea ☐

**Genitourinary**

Incontinent ☐
Urinary drainage device ☐
Urinary/suprapubic catheter ☐

Date of insertion:
Rate: .....mis/hr
Rate: .....mis/hr

**Misculoskeletal**

Mobilising independently ☐
Mobilises with frame/sticks ☐
Pressure area intact ☐
Needs assistance to mobilise ☐

Prone to falls ☐
Needs cot sides ☐
Needs pressure area care/aid ☐
*Please specify*

**Neurological**

Alert and orientated ☐
Decreased conscious level ☐
Difficulty with communication ☐

Confused ☐
Prone to seizures ☐

**Transfer:**

| | | | |
|---|---|---|---|
| Medical notes ☐ | Drug chart ☐ | Watch ☐ | Glasses ☐ |
| Nursing notes ☐ | POD check ☐ | Handbag ☐ | Hearing aid ☐ |
| Blood cards ☐ | CD's ☐ | Purse/wallet ☐ | Mobility aid ☐ |
| Fluid charts ☐ | Fridge check ☐ | Items in safe ☐ | Dentures ☐ |
| TPR charts ☐ | IV prescription ☐ | Documented as per hospital policy ☐ | |

**Valuables:**

**Next of kin informed**

**Signature**

**Date:**
**Grade:** Student 2 3 4 5 6 7

**Receiving nurse**

**Date:**
**Grade:** Student 2 3 4 5 6 7