

INTER HOSPITAL TRANSFER FORM - PART 1 CLINICAL INFORMATION
To be used for all Level 2/3 patients transferred to or from ICU - this is a legal record of transfer

PATIENT DETAILS: (if using sticky label remember to label 2nd copy) Name: DOB: Gender: M/F Hospital Number:	Transfer Details: Date: Time of Leaving Referring Unit: Time of Arrival: Patient Transferred from: Patient Transferred to:
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Complete first shaded column on leaving referring unit and final shaded column on arrival at receiving unit

	Time											
Medications												
• 1 ● 2 ● 3 ● 4 ● 5 ● 6 ● 7 ● 8 Pupil Scale (mm)	SaO ₂											SaO ₂
	EtCO ₂											EtCO ₂
	CVP / ICP											CVP
	Temperature											Temp
	Pulse/BP	180										180
		160										160
		140										140
		120										120
		100										100
	80										80	
60										60		
40										40		
PUPILS:												
R Size												
Reaction												
L Size												
Reaction												
FLUIDS: (record hourly)												

Hourly Urine Output
 Total Fluids in during transport = ml Total Output = ml Transport Balance = ml

VENTILATION DURING TRANSFER:

1) Spontaneous Breathing: Inspired O₂ = % Respiratory Rate = b/min

2) Mechanical Ventilation: Inspired O₂ = % PEEP = cm H₂O

Mode(s) (tick all that apply): PS / ASB VC / AC / IPPV SIMV PC / PRVC BIPAP

Set Values (any that apply): Rate = b/min Pressure = cm H₂O TV = ml I:E Ratio =

Recorded Values: Total Rate = b/min Minute Vol = L Peak Pressure = cm H₂O

Did set parameters change during transfer? NO / YES If 'Yes' complete exception report on Form 2

CHECKLIST: Has full discharge summary been completed and attached to this form?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have copies of Xrays been provided?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If a trauma patient, has the spine been fully cleared?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If No, has appropriate spinal immobilization been provided?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Has the Network section (part 2) been fully completed?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Where applicable have Exception Reports (part 2) been completed?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Printed Name, Signature & Role of Team Members:

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INSTRUCTIONS: Once completed give white copy to receiving unit and put yellow copy in referring unit patient notes