

**Sarum Ward Transfer Checklist****Childs name:****Hospital Number:****D.O.B.:****Date of transfer:****Name of Recipient Hospital:****Ward:****Contact name and number:**

<b><u>List of Actions</u></b>	<b><u>Completed by (Signature and Date)</u></b>
<b>1. Explanation to parents and child regarding transfer of patient by Doctor/Nurse</b>	
<b>2. Check bed available. Transferring Hospital handed over information regarding child/baby</b>	
<b>3. Arrange escort if required; nurse/doctor as assessed necessary</b>	
<b>4. Arrange transport with ambulance control</b>	
<b>5. Arrange pod/other equipment required for journey including monitoring and ensure batteries charged for IV pump</b>	
<b>6. Ensure IV fluids/relevant medications are prepared for transfer</b>	
<b>7. Ensure all documentation up to date and nurse transfer letter complete including photocopy of the transfer letter in the notes</b>	
<b>8. Doctor transfer letter complete</b>	
<b>9. Photocopy notes (Nursing and Medical)</b>	
<b>10. X-rays if to be transferred</b>	
<b>11. Childs belongings</b>	
<b>12. Inform accepting unit of departure time</b>	
<b>13. Complete documentation on return including contacting relevant professionals such as Health Visitor</b>	