|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date of Service  | MR#  | DOB  | Age  | Gender  |
| Time of Arrival  | Time at Transfer  | Total time in ER (hours and minutes)  |
| Arrival Mode POV EMS Other  |
| Chief Complaint  | Diagnosis  |
| Sending MD  | Receiving MD  |
| Receiving facility Gen Peds PIMC PICU ER  |
| Mode of transfer POV EMS Flight Other |
| Level of provider BLS ALS CCT |
| Accompanied by MD RN RT |
| Transfer Details |
| Reason for Transfer1. Need for higher level of care \_\_\_\_\_
2. Need for specialty care\_\_\_\_\_
3. Family/MD request \_\_\_\_\_
4. Insurance \_\_\_\_\_
 | 1. Other (explain)
 |
|  | Yes | No | NA | Comments |
| Private MD Notified |  |  |  |  |
| Consultation with tertiary care center |  |  |  |  |
| Transfer documentation complete |  |  |  |  |
| Condition of patient at time of transfer documented |  |  |  |  |
| Transfer of patient belongings |  |  |  |  |
| Referral information provided to parent/guardian |  |  |  |  |
| Vital Signs (minimally initial and discharge) |
| Date/Time |  |  |  |  |  |  |  |
| Temp |  |  |  |  |  |  |  |
| HR |  |  |  |  |  |  |  |
| Rhythm |  |  |  |  |  |  |  |
| RR |  |  |  |  |  |  |  |
| BP |  |  |  |  |  |  |  |
| SPO2 |  |  |  |  |  |  |  |
| ETCO2 |  |  |  |  |  |  |  |
| Cap Refill |  |  |  |  |  |  |  |
| Glucose |  |  |  |  |  |  |  |
| AVPU |  |  |  |  |  |  |  |
| Interventions in place on transfer |
| Respiratory | Circulatory | Musculoskeletal | Other |
| O2 \_\_\_\_L via BVM/Mask/NC | IV | Spinal motion restriction | Warming/Cooling device |
| Intubated | IO | Extremity Splint |
| Tracheostomy | Central Line |  |
| Cricothyrotomy | Fluids \_\_\_\_\_mL Warmed Y/N |  |
|  | Blood \_\_\_\_\_mL Warmed Y/N |  |
| Follow up needed/Other findingsAudit completed by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date completed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |