GUIDELINE

TITLE: Transfer Summary Guideline (Interdepartmental, inpatient units)

Purpose: To establish guidelines for completing documentation using the Transfer Summary sheet.

Nature of Form: Permanent

Targeted Population: All inpatients transferred within the hospitals acute care nursing units.

Person Responsible: RN from the sending unit

Placement: In the nurses' notes section of the chart as the final note for the unit transferring the patient.

Content:

To be completed by unit sending the patient.

Section I: Reason for transfer

1. Enter current date. The date patient is to be transferred
2. Enter current allergies in red pen.
3. Enter a brief summary of why the patient has been hospitalized. Describe any major nursing interventions, medical/drug therapy or events that occurred while the patient was on the current unit.

Section II: Vital Signs

4. Enter time vital signs are taken
5. Enter a value for all vital signs listed and enter a pain level and appropriate assessment if applicable.

Section III: Assessment

7. Mental Status: Check ☑ appropriate boxes that describe patient's current mental status. Check that a fall assessment was done and enter the current date's score.
8. Skin Assessment: Document patient's current skin assessment. Note all open areas and describe.
9. Respiratory Status: Check ☑ appropriate boxes that describe patient's current respiratory status. Describe areas of the assessment if applicable.
10. Cardiac Status: Check ☑ appropriate boxes that describe patient's current cardiac status and rhythm if applicable. When applicable enter number of the telemetry unit assigned to the patient
11. Gastrointestinal Status: Check ☑ appropriate boxes that describe patient's current GI status. Enter patient's current diet, or list tube feedings. Describe any devices such as nasogastric tubes, or drains. If known, enter the date of the patient's last bowel movement.
12. Urinary Status: Check ☑ appropriate boxes. If the patient is voiding, list the last time patient voided prior to transfer. If patient has a foley, enter date it was inserted. Describe urinary drainage.
13. Equipment: Check ☑ appropriate boxes for all equipment/devices patient is currently using.
14. Intake and Output: Enter the total amount of intake and output since the last 24-hour total. This amount will than be calculated in the patient's current 24 hour intake/output balance when they get to the new unit.
15. Vascular Access: Check ☑ appropriate boxes for the type of access device/devices the patient currently has. Describe each device location in appropriate boxes. List when dressings were last changed. List all IV fluids currently infusing, by fluid type, amount rate, site and start date of site. Example: D51/2NS 1000mL at 75mL/hr, Right Lower arm, 4/1/05.

Section III: Other

16. Check ☑ appropriate boxes. List the labs that are pending. List the patient's current code status.
17. Check ☑ appropriate boxes for vaccine information.

Section IV: Valuables

18. Check ☑ appropriate boxes of all items that the patient currently has and will be transferred with.
19. A LPN or nursing assistant as well as a RN may complete the valuable section.
20. RN signature: The RN completing this form will sign it.

The receiving unit will complete an assessment of the patient within 15 minutes of arrival and document findings in the electronic record.

To be completed by sending unit, receiving unit to complete assessment in electronic record.

Part I: Events / Reason for transfer

Patient History of present hospitalization, describe major events of stay:

____

____

____

Time:______ **Part II: Vital Signs** at time of transfer:

Temp:______ HR/PULSE:________ RR:______ BP:______ O_2 sat:_____ O_2 amount/device:________

Pain Level:_____ Describe if greater than 0:_____________Last intervention:________________

Accuchecks: ☐ yes ☐ no, if yes time of most current, value and coverage:________________

Part III : Assessment at time of transfer

Mental status: ☐Awake ☐Alert ☐Oriented x 4 or ☐Other: ____________________
☐ Fall Assessment score today on current unit:____________

Skin assessment:______________________________

Respiratory: ☐ Assessment WNL or describe:____________________
Airway: ☐ normal ☐ Trach: Size/Type:____________ Last trach care done:__________

Cardiac: ☐ Assessment WNL or describe:____________________
☐ Rhythm if monitored:______________ Tele #_________ ☐ Pacemaker: (type/location)______________

Gastrointestinal: Current Diet:________________ ☐ Tube Feedings: (type/strength/rate) ________________
☐ Assessment WNL or describe:____________________
☐ Last BM:_________ ☐ NGT: (type,suction, drainage amount/color):____________________

Urinary: ☐ Voiding, last void:________ ☐ Foley (insertion date):__________ Urine Description:__________

Equipment in use: ☐ SCD boots ☐ TEDS ☐ Specialty bed ☐ Other: ____________________

Intake and Output:
Intake since last 24 hour total:____________ Output since last 24 hour total:______________

Vascular Access and IV fluids:
☐ CVAD: ☐ Type: __________ Location:__________ Dsg.change done:_______ if port, date accessed:______
☐ Saline lock location:______ Insertion date: __________
☐ IV therapy: List Fluid type, amount, rate, site and start date of site: ____________________

____

Part IV : Other

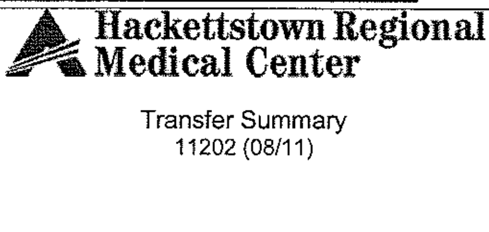
☐Pending Labs for today:____________________
Isolation: ☐Standard ☐Contact ☐Airborne ☐Droplet ☐Code Status:_______
Pneumococcal Vaccine: ☐NA ☐Completed ☐Follow up required Reason not given:______________
Influenza Vaccine: ☐NA ☐Completed ☐Follow up required Reason not given:______________

Part V: Valuables

The following items are being sent with patient upon transfer to new unit:
☐Glasses ☐Dentures: (☐full ☐partial) ☐Money:______ ☐Assistive Devices:(describe)____________
☐Clothing: (describe):____________________
☐ Jewelry: (describe):____________________ ☐ Hearing Aid (quantity):_______
Signature of staff completing Part IV: (Valuable section only *may* be completed by a Nursing Assistant) ____________

RN SIGNATURE:______________________________ **Date:** _________ **Time** ____________

Patient Label



Transfer Summary
11202 (08/11)