

# Interfacility Transfer Summary

Transferring Facility:  
(Name, Address, Phone)

Name:  
Sex:  
Age:  
Address:

ADMINISTRATION SECTION

Receiving Physician: \_\_\_\_\_ Receiving Nurse: \_\_\_\_\_ Receiving Facility: \_\_\_\_\_

Date of Transfer: \_\_\_\_\_ Time Receiving Physician Contacted: \_\_\_\_\_ Time Receiving Nurse Contacted: \_\_\_\_\_

Receiving Administrator / agent authorizing transfer: \_\_\_\_\_ Time of Call: \_\_\_\_\_

Transferring Physician: \_\_\_\_\_ Transferring Nurse: \_\_\_\_\_

Transfer Acknowledgement signed?  Yes  No  Unable      Physician Certification signed?  Yes  No

Primary Diagnosis: \_\_\_\_\_

Reason(s) for Transfer:  Patient / Family/ Patient Rep./Guardian Requests Transfer.  
 Physician on-call to Emergency Department failed or refused to appear within a reasonable time.  
 (Name & Address of Physician) \_\_\_\_\_  
 Services / Bed Not Available. Specify: \_\_\_\_\_  
 Other: Specify: \_\_\_\_\_

Physician Orders

Transfer Via:  EMT Ambulance  Paramedic Ambulance  Air Ambulance  Private Vehicle  Other: \_\_\_\_\_

Accompanied by:  R.T.  R.N.  M.D. Other: \_\_\_\_\_

**Transfer Orders:**

Oxygen: (canula / mask) \_\_\_\_\_ liters per minute       Foley: (clamp / straight drain)

IV Solution: \_\_\_\_\_ @ \_\_\_\_\_ ml/hour       NG: (clamp / straight drain)

Other Orders: \_\_\_\_\_

? Stable. The patient has been stabilized such that within reasonable medical probability, no material deterioration of the patient's condition, or for a woman in labor, the condition of unborn child(ren), is likely to result from transfer.

? Unstable. The patient's condition has not been stabilized. List benefits and risks below.

    Benefits of transfer: \_\_\_\_\_

    Outweigh risks of transfer: \_\_\_\_\_

? Patient refused when offered medical examination and treatment to stabilize his / her condition.

**X** \_\_\_\_\_  
 Transferring Physician's Signature

Discharge Checklist

	Information Sent:	N/A	Sent	Received	
Discharge Time: _____	ED Registration				Arrival Time: _____  Vitals on Arrival:  / _____ BP          Pulse          Resp
? Transferring Crew Briefed	ED Medical Record				
Vitals on Discharge:	Nursing Notes & VS				
_____ / _____	X-Rays (orig. / copy)				
BP          Pulse          Resp	ECG				
	Lab Results				
	Prehospital Report				
	Clothing/Valuables				
	DNR Form				
	Pt. Acknowl. Form				
	Physician Cert. Form				

**X** \_\_\_\_\_  
 Signature of Person Discharging Patient

**X** \_\_\_\_\_  
 Signature of Person Accepting Patient

Receiving Hospital Section