



PATIENT TRANSFER ENVELOPE / CHECKLIST

CONTAINS CONFIDENTIAL HEALTH RECORDS – AUTHORISED ACCESS ONLY

Patient Details: <i>(attach addressograph)</i>	Receiving Doctor / Team:
	Receiving Hospital:
	Receiving Unit / Ward
Referring Hospital:	Referring Doctor:

ALL PATIENTS

➤ Patient informed of transfer and receiving hospital details (contact number and accepting doctor / team / ward)	<input type="checkbox"/>
➤ Patient's nominated next of kin informed of transfer and receiving hospital details (contact number and accepting doctor / team / ward)	<input type="checkbox"/>
➤ Transport provider notified of transfer requirements	<input type="checkbox"/>
➤ Identifying name band on patient	<input type="checkbox"/>
➤ Patient's consent to transfer	<input type="checkbox"/>
➤ Notify PATS Clerk of transfer	<input type="checkbox"/>
Copies of the following health records, relevant to this episode of care are provided (Please <input checked="" type="checkbox"/> boxes once completed, or <input type="checkbox"/> boxes if not applicable):	
➤ Relevant Patient Transfer Form (e.g. Adult/child MR184, MR182 Neonatal Transfer Form, Residential Care)	<input type="checkbox"/>
➤ If transferring via RFDS / ERHS include RFDS transfer form	<input type="checkbox"/>
➤ Medication Chart	<input type="checkbox"/>
➤ Observation Charts (e.g. neurological observations, neurovascular observations, rhythm strips)	<input type="checkbox"/>
➤ MR111	<input type="checkbox"/>
➤ Intravenous Fluid Therapy Chart	<input type="checkbox"/>
➤ Recent pathology results	<input type="checkbox"/>
➤ Electrocardiographs	<input type="checkbox"/>
➤ Allied health summary report and care plan	<input type="checkbox"/>
➤ Medical Imaging records, such as x-rays, CT Scan, MRI, Ultrasound (copied if original must remain at the transferring hospital) Hard Copy (Y/N) _____ Images transmitted to (Destination) _____ Confirmed by (MIT) _____	<input type="checkbox"/>
➤ Original copy of medical officer's transfer letter (copy to be filed with patient's health record)	<input type="checkbox"/>
Bladder: Toilet prior to departure or indwelling catheter?	<input type="checkbox"/>
Nutrition:	
➤ Sandwiches, fruit, drink prior to departure?	<input type="checkbox"/>
➤ Nutrition arranged for patient during travel	<input type="checkbox"/>
Medications: anti-emetic, analgesia, and/or sedation pre-transport?	<input type="checkbox"/>
➤ Reconciliation-compare discharge/transfer orders to medication history	<input type="checkbox"/>
Valuables: secured and documented?	<input type="checkbox"/>
Secure Intravenous (IV) access (needle-free injection port):	
➤ Required for all mental health clients and critically ill patients.	<input type="checkbox"/>

SPECIFIC PATIENTS

The following checklist will aid in the preparation of patients with specific injury or illness for transfer.

Bariatric Patients	
➤ Transport providers advised of Bariatric Risk	<input type="checkbox"/>
➤ RFDS < 160 kg	<input type="checkbox"/>
➤ SJAA standard ambulance trolley: Safe Working Limit (SWL) < 160 kg	<input type="checkbox"/>
Mental Health Patients	
➤ Secure IV access	<input type="checkbox"/>
➤ Sedation: Pre-transport and arranged for transport trip	<input type="checkbox"/>
➤ Copy of Mental Health Forms	<input type="checkbox"/>
➤ The person being referred may, but is not required to, receive a copy of the referral [Form 1A]. A copy of the Transport Order [Form 3B] must be given to the patient.	<input type="checkbox"/>
➤ Police may be provided with a copy of Form 3B. (Police must NOT be provided with a copy of the Form 1, as it may contain confidential information on matters, which do not concern the issue of safe transport.)	<input type="checkbox"/>
Ventilated Patients	
➤ Endo tracheal tube secured	<input type="checkbox"/>
➤ Eyes taped	<input type="checkbox"/>
➤ Secure IV insitu	<input type="checkbox"/>
➤ Nasogastric tube and indwelling catheter secured and insitu	<input type="checkbox"/>
Chest Trauma Patients	
➤ Intercostal catheter taped and secured (Heimlich valve for pneumothorax)	<input type="checkbox"/>
Spinal Patients	
➤ Hard cervical collar insitu	<input type="checkbox"/>
➤ Head immobilisation insitu	<input type="checkbox"/>
➤ Scoop stretcher or vacuum mattress	<input type="checkbox"/>
Eye Injuries	
➤ Anti-emetic pre-transport	<input type="checkbox"/>
➤ Eye/s Shielded	<input type="checkbox"/>
Fractures	
➤ Adequate immobilisation	<input type="checkbox"/>
➤ Splinting of limb	<input type="checkbox"/>
➤ Analgesia: pre-transport and for transport trip?	<input type="checkbox"/>
Additional Precautions Required	
➤ Surgical Mask	<input type="checkbox"/>
➤ Waterproof long sleeve gown	<input type="checkbox"/>
➤ Special Mask (specify).....	<input type="checkbox"/>
➤ Isolation pod	<input type="checkbox"/>
Name of Nurse Checking (Designation)	
Signature of Nurse	Date
Contact Number	