		Memorial Hospital Pediatric Intensive Care Unit Transfer Note		
Pt. Name: MR#: ICU Admit ! Attending		DOB: Admit Wt: Service I:	Bed: Acct#: Height:	3.1
Provide 4	he following information			
All starred Trans	information  fields must have an entry.  fer with:  Chart I  Patient Labels I  Vital signs WNL for patient charting up  from 0000 to current	to date and printed 1	1	
Parent.	Progess notes printed s notified of transfer?  If no, why not?	for past. 24 hours 1 ∏Yes 1 ☐No		
Equipm	ent in use for transfer:			
Γ.	Oxygen I	[] IV(s) per pump ]	Extra tracheostomy tubes	
	Cardiac monitor 1	☐ IV(s) heplocked !	∐External pacemaker	1450
Ē	Pulse oximeter 1	[] Chest tube to waterseal	/clamps at BS	
∐Report	given 1   PICU residen	nt notified of unit of !	[]Parent Locker Key Returned	.1
Transfer	not.e			]
		er is the transfer of the same state.		
Nurse's l	Name	1 Signatu	re	
PRINT	A COPY OF THIS FOR	RM, SIGN AND PLACE IN	CHART.	

Change History

Printed:

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