## HOSPITAL

## ICU/CCU NURSING TRANSFER SUMMARY

DATE TIME (24 hours)
Diagnosis:
Allergies: Age:
Code Status:
Isolation Precautions:   Contact; Reason:  Droplet; Reason:
Past Medical History:
Screening for Hu/Pneumonia Vaccine Done: ☐ YES ☐ NO
Needs Flu/Pneumonia Vaccine:   YES  NO
Unit Course Summary:
Current Medications:
Last Pain Medication: Date/Time:
Physical Assessment
Neuro:
Robavior ice une/Restrainte:
Behavior issues/Restraints:
Respiratory:
Trespiratory.

## **CU/CCU NURSING TRANSFER SUMMARY**



Smoker within the past year: □YES □NO		
Cardiovascular:		
Gastrointestinal:		
LBM:		
Genitourinary:		
Chie		
Skin:		
IV Lines/Drains (locations and insertion dates)		
Is patient assessed as a Fall Risk: □NO □Y	ES (ensure protocol in pl	ace on transfer)
Transfer summary written by:	Date:	
Transfer summary updated by:	Date:	
Report called to:	Unit:	Time:
Patient transfer time:	Via:	
Patient transferred by:	Via:	Monitored: □YES □NO