



Full Name:

Address: ... **Addressograph**

HCR:.....

DOB: ___ / ___ / _____

TRANSFER CHECKLIST

Patient Name					
Date of Transfer			Transfer Day		
DOCUMENTS REQUIRED FOR TRANSFER TO HEART CENTRE BELFAST	<i>Please tick</i>			Comment	
	Yes	No	N/A		
Nursing Transfer Letter					
Last PEWs Chart (<i>photocopy</i>)					
Medication Kardex (<i>photocopy</i>)					
Infection Status / CRE / Covid/ MRSA Results					
IV Access (<i>as clinically indicated by team</i>)					
Other documents i.e. Catheterisation / IT / MRI / CT					
Doctors Transfer Letter including copy of OT/ Cardiac Cath note (<i>Photocopy</i>)					
ECG (<i>photocopy</i>)					
CXR results (<i>in Doctors Transfer Letter</i>)					
Blood Results (<i>in Doctors transfer Letter</i>)					
Echo result (<i>in Doctors Transfer Letter</i>)					
ONCE BED IS CONFIRMED					
<ul style="list-style-type: none"> Phone Clark Clinic to give handover - Phone No: 0044 289 615 0306 Ensure IV cannula insitu and patent for transfer 					
Nursing Student Name (<i>print Name</i>):.....			 NMBI :.....	
Registered Nurse Name (<i>print name</i>): NMBI :.....	