

# External Patient Transfer Booking Form

*From external hospital to CHI at Crumlin*

Full Name: .....  
Address: .....  
.....  
HCR.....  
.....

Addressograph

PATIENT DETAILS		
<b>HcRN No:</b>	<b>Date:</b>	
<b>Name:</b> <i>please print</i>	<b>Date of Birth:</b>	
<b>Gender:</b> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown <input type="checkbox"/>	<b>Age:</b>	<b>Weight:</b>
<b>Referring Hospital</b>	<b>Receiving Hospital (CHI at Crumlin)</b>	
<i>Referring Consultant: print name</i>	<i>Receiving Consultant: print name</i>	
<i>Hospital:</i>	<i>Booking accepted by: print name</i>	
<i>Handover given by: print name</i>	<i>Grade:</i>	<i>NMBI:</i>
<i>Grade/ Title:</i>	<i>Ward:</i>	<i>Time Booked: time stamp</i>
<i>Escorted by: Nurse <input type="checkbox"/> Doctor <input type="checkbox"/> Parent <input type="checkbox"/> HCA <input type="checkbox"/></i>	<i>Nurse allocated to patient: print name</i>	
<i>Mode of Transport: Ambulance <input type="checkbox"/> Own Transport <input type="checkbox"/> Taxi <input type="checkbox"/> Neonatal Transport Team <input type="checkbox"/></i>	<i>Call to referring hospital made by: print name</i>	
<i>Departure Time: time stamp Expected Arrival: time stamp</i>	<i>Grade:</i>	<i>NMBI:</i>
	<i>Time of call: time stamp</i>	
REASON FOR TRANSFER		
***PEWS:..... Date:..... Time:.....***		
DIAGNOSIS		
MEDICAL HISTORY		
SURGICAL HISTORY		
CURRENT MEDICATIONS		
BLOOD RESULTS	TEST RESULTS	
<b>IV Access:</b> (please tick ✓) Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>ISOLATION REQUIRED</b> Yes <input type="checkbox"/> No <input type="checkbox"/> Reason for isolation:		
<b>Handover given to:</b> <i>print name</i>	<b>Grade:</b>	<b>NMBI:</b>

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## GUIDELINES FOR USE

### PURPOSE

The purpose of this document is to record the details of patients that are due to be transferred to CHI at Crumlin from another hospital.

It provides clarity surrounding:

- Which nurse is allocated to the incoming patient
- The names of the nurses giving and receiving the patient handover
- Details of the patient's medical and surgical history,
- Description of their current status, including pews
- Current medications and most recent blood
- Test results
- Patient's mode of transport
- Name and role of the person/people accompanying the patient to CHI at Crumlin.

### HOW TO USE THE DOCUMENT

- This document is only used for patients that are being transferred from another hospital.
- The patient details (name, date of birth, receiving consultant) are filled in by the person that received the booking from the bed manager.
- This nurse/manager must ensure their grade and NMBI are documented as they may not be responsible for completing the rest of the form and signing the end of the document.
- When the Nurse in Charge allocates the incoming patient to a nurse, that nurse then contacts the transferring hospital for the patient and transfer details.
- Each segment of the document needs to be filled in or 'N/A' used if applicable.
- The incoming patient may not have a definitive diagnosis at the time of transfer so the suspected diagnosis can be used here.
- The departure time and mode of transport need to be filled in as well as the estimated time of arrival.
- The handover of the patient may be given to another nurse if the allocated nurse is not available. Ensure that the nurse receiving the patient and handover on the ward signs the form along with grade and NMBI number.
- Ensure addressographs are placed on the document, once the infant/child is admitted and addressographs are available.
- The document stays with the nursing notes until the infant/child is discharged and then filed alongside the nursing notes.