

NURSING TRANSFER SUMMARY TO MATER PRIVATE EMERGENCY DEPARTMENT

NAME OF HEALTHCARE FACILITY: _____ DATE: _____

Name of transferring Consultant: _____

Dept/Ward: _____ Contact details NIC: _____

Name of accepting Consultant: _____



Telephone Number: _____

NOK: _____

Relationship to patient: _____

Contact Details of NOK: _____

Are NOK aware of transfer Y: N:

GP Details: _____

Medical cover: PUBLIC (add UAN number) _____ PRIVATE (add name of Insurer) _____

Copy of referring GP letter: Y: N: EWS: _____

IPC status: Known: Unknown: ALERTS:

Physical status on transfer: Stable: Unstable:

Neurological status on transfer: Alert & oriented: Other:

Falls Risk: Y: N: Waterloo Score: _____

Mode of transfer: Private Car: Taxi: Ambulance:

Relevant medications: *(Please attach copy of Drug Kardex)* Allergies: _____

Presenting complaint:

Treatment/Intervention pretransfer: *(Please attach copy of results e.g. Blood tests/ECG/X-rays):*

IV Access: Y: N:

If yes Date/Time of insertion and Gauze size: _____

Further comments:

Transferring RN Signature: _____ Date: _____

Contact Details: _____