

PAEDIATRIC TRANSFER DOCUMENT

Name of referring Hospital PGH / DGH / BH / Divisional Hospital Ward No / Unit (NICU / PICU /)		Name of receiving Hospital PGH / DGH / BH / Divisional Hospital ward No / Unit (NICU / PICU /)	
Referring MO and contact number		Receiving MO and contact number	
Transport doctor – APLS trained : Yes / No		Transport nurse – APLS trained : Yes / No Anti-emetics given Yes / No	
Patient's name & address Age of the child Sex – M / F Weight BHT Number Telephone number	Co-morbid Problems <input type="checkbox"/> Previously a normal child <input type="checkbox"/> Developmental delay CHD <input type="checkbox"/> Acyanotic <input type="checkbox"/> Cyanotic <input type="checkbox"/> Congenital myopathy <input type="checkbox"/> Congenital abnormalities <input type="checkbox"/> Chromosomal syndrome Exact condition		<input type="checkbox"/> Newborn <input type="checkbox"/> Infant <input type="checkbox"/> Child <input type="checkbox"/> Medical Problem <input type="checkbox"/> Surgical problem <input type="checkbox"/> Trauma Diagnosis
	Reasons for request <input type="checkbox"/> Respiratory arrest; <input type="checkbox"/> Impending Resp failure <input type="checkbox"/> Breathing difficulties <input type="checkbox"/> Cardiac arrest <input type="checkbox"/> Compensated shock; <input type="checkbox"/> Uncompensated shock; <input type="checkbox"/> other Circulatory problems <input type="checkbox"/> Convulsions <input type="checkbox"/> Deteriorating level of consciousness <input type="checkbox"/> Raised ICP <input type="checkbox"/> Other Neurological problems <input type="checkbox"/> Gastro-intestinal problems; <input type="checkbox"/> Renal Problems; <input type="checkbox"/> Surgical Problems; <input type="checkbox"/> Investigations		
Clinical details (history & examination) & Management so far & Reasons for Transfer;			

Before departure assessment and tests		
Respiratory rate Normal / high Chest Expansion Equal / Unequal AE – Equal / Unequal SpO2 level <input type="checkbox"/> Breathing in air <input type="checkbox"/> Face mask oxygen: Amount of oxygen - /min <input type="checkbox"/> Nasal prong oxygen <input type="checkbox"/> Nebulised <input type="checkbox"/> N-G / O-G tube placed <input type="checkbox"/> C-spine protection <input type="checkbox"/> Bag valve mask ventilation <input type="checkbox"/> Oral Intubation & ventilation <input type="checkbox"/> Nasal Intubation & ventilation Size of ETT ETT – intubation – Oral / Nasal ETT – Cuff / uncuff tube Lip level of the ET tube CXR – tip of the ETT Last Blood gas - pH : Pao2 PaCO2 HCO3	Pulse rate <input type="checkbox"/> high <input type="checkbox"/> low Pulse volume – good / moderate / poor CRFT – Normal / > 3seconds Blood Pressure...../..... (MAP)..... <input type="checkbox"/> high <input type="checkbox"/> low Perfusion <input type="checkbox"/> Normal <input type="checkbox"/> Dehydrated Shock <input type="checkbox"/> Compensated Shock <input type="checkbox"/> Uncompensated <input type="checkbox"/> Peripheral IV access <input type="checkbox"/> IO access <input type="checkbox"/> Fluid bolus given <input type="checkbox"/> inotrope infusion <input type="checkbox"/> CPR given <input type="checkbox"/> Urinary catheter Urine output (last one hour) <input type="checkbox"/> anti-emetics given	AVPU scale <input type="checkbox"/> Alert, <input type="checkbox"/> Response to voice, <input type="checkbox"/> Responses to pain, <input type="checkbox"/> Unresponsiveness GCS scale BER /4; BVR/5; BMR/6 Posture <input type="checkbox"/> Hypotonia, <input type="checkbox"/> Floppy <input type="checkbox"/> Decerebrated, <input type="checkbox"/> Decorticated Pupil Size <input type="checkbox"/> Unequal, <input type="checkbox"/> equal <input type="checkbox"/> Pin point <input type="checkbox"/> Dilated Pupils Reacting <input type="checkbox"/> Yes, <input type="checkbox"/> No RBS <input type="checkbox"/> Normal <input type="checkbox"/> high <input type="checkbox"/> low <input type="checkbox"/> 10% dextrose given. Temperature; <input type="checkbox"/> high / <input type="checkbox"/> low; Rashes <input type="checkbox"/> Yes; <input type="checkbox"/> No ; <input type="checkbox"/> Neuroprotective measures
On ventilator <input type="checkbox"/> Yes; <input type="checkbox"/> No FiO2 RR..... PIP..... PEEP TV Ti..... MAP		
Equipment check <input type="checkbox"/> Battery backup ; <input type="checkbox"/> oxygen cylinders ; <input type="checkbox"/> AED ; <input type="checkbox"/> Ventilator ; <input type="checkbox"/> suction machine		
Samples – Blood sugar / FBC / Blood culture / SE / VBG / CRP / Grouping Rh / Renal function / Liver function / Clotting / CSF		
Medications prepared <input type="checkbox"/> Saline boluses ; <input type="checkbox"/> Drug infusions ; <input type="checkbox"/> Sedatives ; <input type="checkbox"/> paralytic agents		
Check on documents <input type="checkbox"/> X-rays ; <input type="checkbox"/> CT scan ; <input type="checkbox"/> USS ; <input type="checkbox"/> Government transfer form ; <input type="checkbox"/> letter to Consultant ; <input type="checkbox"/> consent from relatives ; <input type="checkbox"/> Observation chart ; <input type="checkbox"/> Medication list		
Informed the receiving hospital <input type="checkbox"/> Departure time <input type="checkbox"/> Expected arrival time <input type="checkbox"/> informed the receiving consultant		
During the transfer – <input type="checkbox"/> Respiratory arrest ; <input type="checkbox"/> Cardiac arrest ; <input type="checkbox"/> CPR given ; <input type="checkbox"/> AED used ; <input type="checkbox"/> fluid bolus ; <input type="checkbox"/> Emergency medication given ; <input type="checkbox"/> sedatives ; <input type="checkbox"/> paralytic agents ; <input type="checkbox"/> Re-intubations ; <input type="checkbox"/> Bag&mask ventilation ; <input type="checkbox"/> Contacted consultant <input type="checkbox"/> Died on the way		
Taken the patient through ; <input type="checkbox"/> MO/Admission; <input type="checkbox"/> ETU; <input type="checkbox"/> Direct to NICU/PICU Handed over to : <input type="checkbox"/> IMO; <input type="checkbox"/> SHO; <input type="checkbox"/> Registrar; <input type="checkbox"/> Consultant At the hand over SpO2 ; <input type="checkbox"/> Good AE ; <input type="checkbox"/> Chest expansion equal ; Pulse rate ; BP ; <input type="checkbox"/> A <input type="checkbox"/> V <input type="checkbox"/> P <input type="checkbox"/> U ; RBS		
Date : Departure time Arrival time		