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| MOVE DAY TRANSFER FORM FOR WARD/DEPARTMENT: | |
| Move day identified as: |  |
| Each ward will have developed a transfer team, led by the NUM. All members of the transfer team will be up to date with BLS. This team will, as directed by the Command Centre, transfer patients to the new facility. | |
|  | Signature of nurse |
| The nurse responsible for the patient will ensure the following has occurred prior to transfer: |  |
| Early medical rounds has occurred for patients that are unstable |  |
| Medications have been administered prior to transfer |  |
| Breakfast has been provided prior to transfer |  |
| Patient Safety Handover Checklist completed, patient safe for transfer |  |
| CCU/Cardiology requirements: |  |
| Transport monitor |  |
| Rescue Drug Box (same as STEMI box used by ED) |  |
| BiPaP with battery capability |  |
| Transfer form completed prior to transfer |  |
| The outgoing nurse will check the patient out of the ward using this checklist |  |
| Patient is fit for transfer |  |
| Next of kin has been notified |  |
| Patient belongings on the bed |  |
| Medication have been given |  |
| Patients on their beds, with side rails up – no exception |  |
| The outgoing nurse provided this document to the transfer team, noting the MET call number below with team.   **MET EN-ROUTE - CALL 47342222, or Ext 2222** This patient is going to:  (location of ward/department) |  |
| An incoming nurse is stationed at the entrance to the new ward, checking in patients as they arrive, and informing the transfer team which room the patient will be going to.  This patient is going to bed number: |  |
| Before leaving the patient, transfer staff have: | Signature of Transfer Team Member |
| Introduced the patient to the staff member caring for them |  |
| provided patient with nurse call & explained how to use it |  |
| lowered bed to safe level and wheels locked |  |
| Lowered bed sides (if considered appropriate to do so) |  |
| Moved belongings off the bed |  |
| Informed patient the name of the ward and the bed / room number |  |

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| NAME OF STAFF MEMBER | POSITION | SIGNATURE |
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TRANSFER TEAM MEMBERS