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| MOVE DAY TRANSFER FORM FOR WARD/DEPARTMENT Maternity:  |  |
| Move day identified as: Each ward will have developed a transfer team, led by the MUM/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. |
|   **The Midwife/Nurse responsible for the patient will ensure the following has occurred prior to transfer**: | Yes, No, N/A | Signature of nurse/midwife |
| Early medical rounds has occurred for patients that are unstable |   |  |
| Breakfast has been provided prior to transfer |   |  |
| Patient Safety Handover Checklist completed, patient safe for transfer |   |  |
| The outgoing Midwife/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 |   |  |
| Daily check completed and medications have been given |   |  |
| Patients on their beds, with side rails up – no exception |   |  |
| Does the patient have a baby (complete baby Transfer checklist) |  |  |
|  Ensure Expressed Breastmilk is transferred with the patient |  |  |
| The outgoing nurse provided this document to the transfer team, noting the MET call number below with team. **MET/Obstetric Emergency/Neonatal Blue light EN-ROUTE - CALL 47342222, or Ext 2222**This patient is going to:  (location of ward/department) |   |  |
| **An incoming Midwife/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: |  |  |
| Provided patient with call bell & 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 |   |  |
| Breastmilk signed into fridge/freezer |  |  |
| Checked baby identification bands match mother’s bands |  |  |
| Informed patient the name of the ward and the bed / room number |  |  |

TRANSFER TEAM MEMBERS

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| NAME OF STAFF MEMBER | POSITION | SIGNATURE |
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