

## NURSE ESCORT INTERFACILITY TRANSFER RECORD: Directions for Use

Indications for use: To record information received on patient's condition prior to transfer, for documentation during the interfacility transfer and that transfer of care occurred at the receiving facility. This form is to be used in conjunction with the *Manitoba Information Transfer Referral Form* (CLI.4110.PL.007.FORM.01).

Transfer from (sending facility):		Transfer to (receiving facility):	
<input type="checkbox"/> Report received from:		Date & Time:	
Airway	Breathing	Circulation	Deficits
<input type="checkbox"/> Normal	O2 @ _____ L/min.	Heart Rate:	GCS:
<input type="checkbox"/> Oral airway	SpO2:	Rhythm:	Time last void:
<input type="checkbox"/> ETT #: _____	Resp. Rate & quality:		Muscle Strength:
@ Lip _____ cm.		Pulse quality:	Foley cath #:
<b>Intravenous Medications</b>			
Site #1:	Rate:	Solution:	Medication Infusing:
Site #2:	Rate:	Solution:	Medication Infusing:
Pre-transfer check list:	<input type="checkbox"/> Manitoba Information Transfer Referral Form and copies of relevant records enclosed.		<input type="checkbox"/> Equipment/Supplies packed
Medications needed for transport <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Family Aware <input type="checkbox"/> ACP level:			
If documentation requirements may exceed this form (page 1 and 2), take additional copies.			

Date/Time	BP	Temp	ST Segment	P Radial/Screen	RR	SpO <sub>2</sub>	Pain (0-10)	Assessments/Interventions/Outcomes NB: Record ALL medications administered on the copy of the enclosed MAR	NURSE Initials
<b>Directions for Use and Completion</b>									
To capture information received on patient's condition prior to transfer, for documentation during the interfacility transfer, and that transfer of care occurred at the receiving facility. This form is to be used in conjunction with the <i>Manitoba Information Transfer Referral Form</i> .									
The Nurse Escort:									
<ul style="list-style-type: none"> <li>➤ Accept transfer of patient care:               <ul style="list-style-type: none"> <li>○ Document report received on the upper section of this page.</li> <li>○ Document extra information in column "Assessments/Interventions/Outcomes"</li> </ul> </li> <li>➤ Document all assessments, interventions, and outcomes prior to leaving sending facility, during transport, and upon arrival at receiving facility.</li> <li>➤ Indicate with "N/A" any column not applicable based on patient condition.</li> <li>➤ Information transfer at receiving facility:               <ul style="list-style-type: none"> <li>○ Provide verbal report.</li> <li>○ Print name of nurse accepting care and have nurse sign this form in section under "Transfer of Care at Receiving Facility".</li> </ul> </li> </ul>									

<b>Transfer of Care at Receiving Facility (Also on page 2 – Only complete 1 area)</b>	
Verbal report provided and care transferred to (print name):	
Signature of Nurse accepting care:	Date/Time:



### NURSE ESCORT INTERFACILITY TRANSFER RECORD: Directions for Use (continued)

Date/Time	BP	Temp	ST Segment	P Radial/Screen	RR	SpO <sub>2</sub>	Pain (0-10)	Assessments/Interventions/Outcomes NB: Record ALL medications administered on the copy of the enclosed MAR	NURSE Initials
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**Transfer of Care to Receiving Facility: (Also on page 1 – Only complete 1 area)**

Verbal report provided and care transferred to (print name):

Signature of Nurse accepting care:

Date/Time: