

**INTER HOSPITAL TRANSFER OF PATIENTS
AND THEIR FILES/RECORDS**

JULY 2014

Policy Title	Inter Hospital Transfer of Patients and Their Files/Records
Policy Reference Number	Corp08/005
Original Implementation Date	July 2008
Revised	July 2014
Review Date	July 2016
Responsible Officer	Mr Trevor Millar, Director of Adult Mental Health and Disability Services

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This Policy has been developed with reference to:

CREST: Protocol for the Inter Hospital Transfer of Patients and their Records (August 2006)

Mental Health (NI) Order 1986

The Report of the Independent Inquiry Panel to the Western and Eastern Health and Social Services Boards (May 2007) MO'N

The Report of the Independent Inquiry Panel to the South Eastern Health and Social Care Trust (2005) McCleery

This policy should be read in conjunction with the following documents:

CREST Guidelines (August 2006)

Neo-Natal Transfer Protocol (2007)

Paediatric Transfer Protocol-draft 2008

Integrated Admission & Discharge Policy (Adult Mental Health & Disability – July 2008)

Infection prevention and control policies and guidelines

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Equality & Diversity Statement

Western Health and Social Care Trust can no longer be reactive in its response to demographic changes within society. There is now a positive duty to be proactive and ensure that it provides services and develops policies that are accessible and appropriate to all sections of the community.

The development of this policy has undergone an Equality Impact Screening Assessment and does not warrant a full EQIA to be undertaken.

1.0 INTRODUCTION

- 1.1 With reform and modernisation of services and the development of Managed Clinical Networks for the treatment of Patients in Northern Ireland it is increasingly common for patients to transfer between hospital facilities for different elements of their care. It is becoming increasingly important that protocols are developed which will ensure that information about patients is safely transferred between Trusts, because significant risks to patients can occur when there is poor communication of information. In April 2005 the DHSSPS asked organizations to start developing protocols for actions that should be followed when patients are moving between Trusts.
- 1.2 The principal concern of the referring trust or organization must be to maintain patient well being, provide optimal care during the transfer period, and deliver the patient safely to the receiving unit.
- 1.3 All patients' records and information transferred between organisations must be treated confidentially as governed by the Data Protection Act 1998. Disclosure of information should justify the purpose and everyone should be aware of their responsibilities.
- 1.4 The guidance within this policy applies in equal measure to the transfer back to the referring hospital/unit of any patient.

2.0 PRINCIPLES

- 2.1 During a transfer patients should be treated and cared for in such a way as to maintain:
 - Patient Safety
 - Necessary treatment and care
 - Contact with appropriate staff
 - Dignity
 - Respect of individual needs
 - Confidentiality

2.2 Family/Carer Involvement in the transfer process:

- Keeping parents/relatives informed and included in the decision-making process
- If the transfer of patients is carried out by or with relatives and their personal transport, the patient's files must be transferred separately from the patient and relatives, by secure means. (MO'N Rec 30)

3.0 SCOPE

This policy applies to the transfer of all patients from any facility within the Western Health and Social Care Trust and to inter ward transfers.

- 1 To ensure clarity:
 - The transfer of a patient is deemed to be the movement of a patient to another facility with the intention of that patient returning at some point in the future.
 - Discharge is deemed to be the movement of a patient to another hospital /facility with no plan for their return to the referring hospital.

2 This policy only applies to **the transfers of patients and their files/records.**

- 3 A patient's discharge should be processed in line with the locally agreed discharge policy.
- 4 It is applicable to all transfers by the Western Health and Social Care Trust to another facility and inter ward transfers.

4.0 PATIENT TRANSFER FROM WESTERN HEALTH AND SOCIAL CARE TRUST FACILITIES- PROFESSIONAL ROLES AND RESPONSIBILITIES

4.1 Pre Transfer Planning/Process

Medical Staff Responsibilities

- Making the decision to transfer following consultation with the care team and patient/parent.
- Informing the next of kin of the decision and reasons for transfer
- Discussing the situation with the consultant care team at the receiving hospital.
- Documenting the discussion and the agreement to transfer.
- Liaising with staff at the receiving unit and agreeing transfer arrangements and expected time of arrival.
- Ensuring that the receiving unit has full details of the patient's condition and requirements by ensuring that all relevant medical documentation is fully completed i.e.
 - The patient's medical record/clinical notes.
 - Drug Kardex is fully completed and up to date.
 - Transfer form/checklist is complete for all patients (see Appendix 1)

For patients that are classified as level 3 patients (classification of patients see Appendix 3) transfer form detailed in Appendix 2 must also be completed.

A clinical summary must be prepared. If for any reason the Kardex cannot be completed, for example, a patient admitted to A & E is transferred urgently and a full drug history cannot be obtained prior to transfer, this must be clearly indicated in the drug Kardex and the transfer notes.

- Nominating appropriately experienced staff/medical staff to accompany the patient during transfer, if deemed necessary.
- Ensuring that the patient is prepared appropriately and that their condition is as stable as possible.
- Assess the level of patient monitoring required for transfer and ensure that the appropriate equipment is available.
- Ensuring that the transferring unit has medical cover when an on-call doctor has to accompany the patient.

For a Renal Patient Appendix 4 must be also completed.

Nursing Staff Responsibilities:

- Following completion of a multi disciplinary risk assessment identifying nursing staff required to accompany the patient, if necessary.
- Ensuring that a full explanation is given to patient and/or relative.
- **Contacting ambulance control and arranging transport. NIAS for level 0,1 and 2 patients. NICATS for level 3 patients. NICATS will liaise with NIAS in relation to transport to ensure appropriate ambulance for transfer. (Staff must not transfer patients/clients using their own cars).**
- Contacting PSNI if escort required.
- Confirming the time for transfer.
- Stating the method of transfer e.g. patient > 90 kilogrammes, patient ventilated.
- Assisting in preparing the patient for transfer.
- Ensuring all appropriate nursing documentation is completed, including patient transfer form **to include patients infection/colonisation status**
- Ensure arrangements are made for the transfer of patient's valuables and property if appropriate.

For paediatric transfers refer to Paediatric Transfer Protocol (Draft 2008)

For neo natal transfers refer to Neo Natal Transfer Protocol (2007)

Co-ordinating / Night Sister Role Responsibilities:

- To liaise with nursing and medical team co-ordinating transfer and assist in preparation of the patient if required.

4.2 Transfer of Patient and Handover to Receiving Hospital/Facility

The referring unit remains responsible for the provision of care until the patient arrives and is accepted by the receiving unit (CREST).

Nurse/Doctor Accompanying Patient Responsibilities:

- Ensuring the necessary equipment and medication is available for use during transfer.
- Monitoring and recording patient's condition during transfer.
- Ensuring that all necessary and appropriate documentation has been made available for the transfer. (See section 4.1).
- Ensuring that full and accurate details of patient's condition and treatment and files/records are handed over to the receiving unit.
- Ensuring that the receiving unit has signed for receipt of the documentation. (See transfer template).

In order to ensure that all relevant information is communicated from one hospital/facility to another it is essential that the following documentation/information is transferred with the patient:

- Patient's medical records **AND** summary clinical note.
- Patient's drug kardex – it should be noted that a transcription of the kardex **MUST NOT BE MADE** as evidence would show that transcription is a potential source of error. If for any reason the Kardex cannot be completed, for example, a patient admitted to A & E is transferred urgently and a full drug history cannot be obtained prior to transfer, this must be clearly indicated in the drug kardex and the transfer notes.
- Relevant other documentation which will assist the receiving hospital/facility in planning and delivering safe, effective care to the patient i.e. x-rays, results of diagnostic tests/ assessments, patient transfer form etc.

5.0 RETURN OF STAFF TO BASE

It is the responsibility of the transferring unit to ensure that staff are enabled to return to their base following the safe delivery of the patient to the receiving unit.

6.0 ADULT MENTAL HEALTH & DISABILITY TRANSFERS

6.1 Child Protection Issues (MO'N Independent Inquiry Report) All information regarding childcare issues/child protection concerns must be passed to the receiving facility/unit. It is vital to ensure that the receiving hospital/unit is aware of all the relevant childcare issues that have been identified.

Research, experience and the outcome of inquiries have consistently shown that safeguarding children requires professionals and others to share information.

The law and Professional Codes of Practice permit the disclosure of confidential information necessary to safeguard a child, provided due process is followed in doing so.

6.2 Voluntary Patient: Any patient who has voluntary status should be transferred in accordance with the “Integrated Admission & Discharge Policy “(July 2008).

6.3 Patients Detained Under The Mental Health (NI) Order 1986

- Under no circumstances can patients be transferred on a form 5: Refer to MH (NI)Order 1986
- A PSNI escort should be requested if it is deemed necessary. The care team involved in the treatment and transfer of the patient will agree this.
- Patients detained under the Mental Health (NI) Order 1986 are deemed to be in legal custody (Article 13.1 {1}). Should the patient abscond while being conveyed to another hospital, he/she may be retaken and returned to the admitting hospital.
- If the transfer of the patient is between one psychiatric hospital and another then it is imperative that all the psychiatric notes/patient records and the medicine Kardex is transported securely to the receiving Unit.: Refer to Integrated Admission & Discharge Policy (July 2008).

6.4 Exceptions to 4.1

- If the transfer is from a psychiatric hospital to an acute general hospital, there might be sensitivities about transferring the detailed psychiatric history. The following should be provided:
 1. A clinical summary, which includes both the current medical issues and psychiatric problems.
 2. An outline of the psychiatric diagnoses and management.
 3. The medicines Kardex.
 4. Copies of any recent biochemical, haematological, radiographic investigation. (These investigations are now available on the Laboratory Computers).
 5. Identification of any risks as a consequence of mental disorder, including risks related to the gender, age or vulnerability of the patient or others, and the gender of nursing staff: Refer to Crest Guidelines.

7.0 CONFIRMATION OF PATIENT IDENTITY

- The nurse co-coordinating the patient’s transfer to another hospital/facility must ensure that the correct information is transferred with the patient.
- Currently Acute Adult Psychiatric Wards & Disability services do not use wrist-band identification or photographic identification. Whenever possible, the patient details on the information should be confirmed verbally with the patient. Refer Crest guidelines.

8.0 RESPONSIBILITIES OF THE RECEIVING HOSPITAL/FACILITY

- ❖ Before transfer/transport is arranged the Consultant team receiving the patient must have accepted the transfer.
- ❖ A comprehensive discussion should take place with the transferring consultant's team clarifying the care required by the patient, the documentation being transferred with the patient and any other facts the receiving hospital should be made aware of.
- ❖ The accepting hospital/facility has a responsibility to ensure that the appropriate arrangements are made for the acceptance of the patient
- ❖ On arrival of the patient the receiving team must ensure receipt of all required/requested documentation.
- ❖ Handover of documentation must be recorded on the relevant appendix and any local tracking systems must be countersigned by receiving hospital /facility.
- ❖ X -rays may not have been reported on by the referring hospital and the receiving hospital will need to ensure that relevant findings are taken account of.
- ❖ On acceptance of the patient the provision of care becomes the responsibility of the receiving hospital/unit.
- ❖ Within the Western Health and Social Care Trust, Adult Mental Health & Disability Services the SHO /Admitting Nurse must ensure that all information is obtained on admission from the referring unit as per the Integrated Admission and Discharge Policy--July 08.
- ❖ When a patient is **discharged from** the receiving hospital, all files/records must be returned to the original transferring hospital as soon as possible, especially if they are required for patient care in that hospital.
- ❖ Prior to discharge, where the patient has been deemed to be at significant risk a multi disciplinary meeting, to include the care team who will take over care in the community (if appropriate), must take place to agree any follow up required.

Appendix 1



Attach patient address to graph here

PATIENT INTER HOSPITAL TRANSFER CHECKLIST

(To be completed by nurse and doctor organising patient transfer and to be used by all adult services for transfer of patient)

Transfer details

Patient Name		Address	
GP Name		Address	
GP Telephone no			
Date		Time	
Referring Hospital		Receiving Hospital	
From Consultant		To Consultant	
Arranged by		Received by	
Grade/Position		Grade/Position	
From Ward		To Ward	
Contact Number Referring Ward		Contact Number Receiving Ward	
Reason for Transfer			
Patient/Carer/Relative / NOK Informed Yes <input type="checkbox"/> No <input type="checkbox"/> Name(s)			

Informed by (insert name) :		Date:	
Grade:			
Signature :			

Names of staff /others travelling with patient	Nursing: Medical: Other
Retrieval arrangements for staff needed	Yes <input type="checkbox"/> No <input type="checkbox"/>
Cover agreed to cover staff absence	Yes <input type="checkbox"/> No <input type="checkbox"/> N/ A <input type="checkbox"/>
Co-ord nurse /individual Informed	Yes <input type="checkbox"/> No <input type="checkbox"/>

Transport

Booking number from NIAS							
Patient Mobility status	Stretcher	<input type="checkbox"/>	Chair	<input type="checkbox"/>	Walk	<input type="checkbox"/>	
Patient being accompanied	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			
Type of Vehicle	NICATS	<input type="checkbox"/>	A/E	<input type="checkbox"/>	ICV	<input type="checkbox"/>	MINIBUS <input type="checkbox"/> TAXI <input type="checkbox"/>
	VOLUNTARY	<input type="checkbox"/>					

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Record Time NIAS contacted Actual Time of Transfer	Time agreed for transfer	Time of NIAS Arrival
Please 24 hour clock		
Is PSNI Escort Required Time agreed for transfer	Yes <input type="checkbox"/> No <input type="checkbox"/>	Contacted Yes <input type="checkbox"/> No <input type="checkbox"/> Time of PSNI arrival

<u>Relevant information</u>	
Patient Monitored	Yes <input type="checkbox"/> No <input type="checkbox"/>
Infusions	Yes <input type="checkbox"/> No <input type="checkbox"/>
Patient Weight (if appropriate)	
Resuscitation Status	
Enteral Feeding	Yes <input type="checkbox"/> No <input type="checkbox"/>

<u>Infection status</u>	
MRSA Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>	Site(s)-- _____ Treatment Yes <input type="checkbox"/> No <input type="checkbox"/>
Diarrhoea Yes <input type="checkbox"/> No <input type="checkbox"/> Spec. sent Yes <input type="checkbox"/> No <input type="checkbox"/>	Result Date treatment commenced _____
C. Difficile Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>	Symptomatic Yes <input type="checkbox"/> No <input type="checkbox"/> if not when symptoms ceased _____
Other antimicrobial resistant organisms Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>	Contact with Noravirus Yes <input type="checkbox"/> No <input type="checkbox"/>

Transfer of Patients detained under the Mental Health (NI) Order 1986

ARE FORMS 1 & 3 OR 2 & 3 COMPLETED	YES	NO
PSNI ESCORT REQUIRED	YES	NO
Identified risks		

Religion:	Spiritually Attended Yes <input type="checkbox"/> No <input type="checkbox"/>
Nearest Relative: Address;	Notified Yes <input type="checkbox"/> No <input type="checkbox"/> Date/Time:
Relationship	
Telephone no.	Home Work Mobile

**** Please note**

If the transfer of the patient is between one psychiatric hospital and another then it is imperative to send the psychiatric notes and the medicine Kardex. (Refer to Integrated Admission & Discharge Policy July 2008 & Crest guidelines.

If the transfer is from a psychiatric hospital to an acute general hospital, there might be sensitivities about transferring the detailed psychiatric history. The following should be provided:

- **A clinical summary, which includes both the current medical issues and psychiatric problems.**
- **An outline of the psychiatric diagnoses and management.**
- **The medicines Kardex.**
- **Copies of any recent biochemical, haematological, radiographic investigation. (These investigations are now available on the Laboratory Computers).**
- **Identification of any risks as a consequence of mental disorder, including risks related to the gender, age or vulnerability of the patient or others, and the gender of nursing staff. (Refer Crest Guidelines).**

Documentation:	YES	NO	COMMENT
Multi Disciplinary notes, Medical notes, Clinical summary, Risk Assessment and other			
Nursing notes, EWS & Care plans			
Medication Kardex			
If a Kardex is not complete please note in comments Column (including Drug administration recording sheet)			
Additional Information /Medication Last Administered			
A copy of patient property sheet			

This form must be signed by the referring hospital and countersigned by the receiving hospital

Form completed by (referring hospital) Please print	Medical	Grade	Date:
	Nursing	Grade	Date:
Form counter signed by: (Receiving hospital)		Grade:	Date:
DATE OF TRANSFER			

**NOTES TO BE RETURNED TO REFERRING DEPARTMENT WHEN PATIENT
DISCHARGED***

**Top copy remains with the receiving ward/unit
Bottom copy to be held by referring ward/unit**

FOR USE WITH LEVEL THREE PATIENTS ONLY

Patient's Name: _____ D.O.B. _____	
Male/ Female _____	
Patient's Weight: _____ Kg	Post Code: _____
Referring Hospital	
Hospital Name:	
Referring Doctor:	
Specialism: Grade:	
Phone No:	
<u>Transferring from</u> ICU/ HDU/ THEATRE/ A/E OTHER	
Receiving Hospital	
Hospital Name	
Receiving Doctor	
Specialism: Grade:	
Phone No:	
<u>Admitting Service Consultant</u>	
<u>Transferring to</u> ICU/ HDU/ THEATRE/ Scanner/ Other	
Patient Details	
<p>Intubated: <input type="checkbox"/></p> <p>Post-Intubation X-Ray <input type="checkbox"/></p> <p>Arterial Line: <input type="checkbox"/></p> <p>IV access: <input type="checkbox"/></p> <p>C / line X-ray <input type="checkbox"/></p> <p>Inotropes <input type="checkbox"/></p>	
Spinal Precautions	
<i>Instigate spinal precautions if ANY risk of spinal trauma</i>	
Cervical collar, sand bags and spinal board prior to transfer Yes <input type="checkbox"/> No <input type="checkbox"/>	
X-rays of C spine, and T/ L in all trauma patients	PH: PO2: PCO2:
CT of spine where X-rays are inconclusive	BE: Bic: Na:
Time placed on spinal board ___/___	K: Glu: Ca:
Infection Con	Mag: Hb: PT
Number of days in Hospital _____ Infected Yes <input type="checkbox"/>	APTT
Source of infection _____ Orga	FIO2 on vent PEEP.
Documentation	
<ul style="list-style-type: none"> • Has handover been given to receiving staff? <input type="checkbox"/> • Have family been notified of transfer? <input type="checkbox"/> • Have medical and nursing transfer letters been completed? <input type="checkbox"/> • Photocopy or original patient notes for the transfer <input type="checkbox"/> • <u>All</u> current X-rays <input type="checkbox"/> • Spinal Board if trauma/fall <input type="checkbox"/> • Original Head CT scans to accompany all neurosurgical patients <input type="checkbox"/> 	



CLASSIFICATION OF PATIENTS.

Level 0

Patients whose needs can be met through normal ward care in an acute hospital.

Level 1

Patients at risk of their condition deteriorating, or those recently relocated from higher levels of care, whose needs can be met on an acute ward with additional advice and support from the critical care team.

Level 2

Patients requiring more detailed observation or intervention including support for a single failing organ system or post operative care and those 'stepping down' from higher levels of care.

Level 3

Patients requiring advanced respiratory support alone or basic respiratory support together with support of at least two organ systems. This level includes all complex patients requiring support for multi-organ failure.

References

Crest Guidelines-Protocol for the Inter Hospital Transfer of Patients and their Records (August 2006).

Mental Health Order (Northern Ireland) 1986.

DOH Comprehensive Critical Care: A Review of Adult Critical Care Services (May 2000).



Attach patient address to graph here

RENAL SERVICES INTERHOSPITAL INPATIENT TRANSFER CHECKLIST

To be completed by nurse and doctor organising patient transfer

Please complete this document as fully as possible

CONFIDENTIAL PATIENT DATA

Date		Time	
Referring Hospital		Receiving Hospital	
From Consultant		Accepting Consultant	
From Ward		To Ward	
Contact Number Referring Ward		Contact Number Receiving Ward	
Reason for Transfer:			
Patient/Carer/Relative Informed: (please tick as appropriate)		Yes <input type="checkbox"/>	Name(s):
		No <input type="checkbox"/>	Contact Number:

Transport Information

NIAS Booking number:			
Patient mode of transfer:	Stretcher <input type="checkbox"/>	Chair <input type="checkbox"/>	Walk <input type="checkbox"/>
Patient on Cardiac Monitor:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
IV Infusions:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Type: Rate (e.g. mL/min):
Patient Weight:			
Resuscitation Status:			

Nursing Concerns:

Mental State	Orientated	Y	N	Self Care	Y	N
Patient ADLs	With Help	Y	N	Without Help	Y	N
	Walking Aids	Y	N	Chair bound	Y	N
Diet on Transfer:			Fluid Restriction mLs/24hr			

Copy of Diet Sheet:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Copy of Moving & Handling Assessment Sheet:	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Infection / Isolation Status

MRSA: Yes <input type="checkbox"/>	No <input type="checkbox"/>	Site(s)	C.Difficile: Yes <input type="checkbox"/>	No <input type="checkbox"/>
Diarrhoea:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<u>Hep B Status:</u>	Pos Neg Unk
Specimen Sent:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<u>Hep C Status:</u>	Pos Neg Unk
Result:			<u>HIV Status:</u>	Pos Neg Unk
			<u>VRE Status:</u>	Pos Neg Unk

Medical Information

e-Med Clinical Summary: Yes <input type="checkbox"/> No <input type="checkbox"/>	Medical Notes with Patient: Yes <input type="checkbox"/> No <input type="checkbox"/>
Current Medicine Kardex/Current Transfer Document Yes <input type="checkbox"/> No <input type="checkbox"/>	Current Medicine Administration Record: Yes <input type="checkbox"/> No <input type="checkbox"/>
Details of Transfer on eMed: Yes <input type="checkbox"/> No <input type="checkbox"/>	Allergies:
Other:	Other:
Additional Pertinent Patient Care Information (e.g. ICU transfer, ventilation etc.):	
ArterioVenous Fistula: Yes / No L / R	Haemodialysis Treatment Regimen (if known)
Peritoneal Dialysis Catheter: Yes / No	Time: AM Shift PM Shift
Permcath: Yes / No L / R	Days: Mon Tue Wed Thur Fri Sat
To be signed by nurse in referring hospital Signed by Physician completing the form	
Signed: _____ Date _____	Signed: _____ Date _____

PLEASE INFORM RENAL SERVICE ONCE THE PATIENT HAS ARRIVED ON YOUR WARD

DO NOT USE DIALYSIS ACCESS FOR ANYTHING OTHER THAN DIALYSIS. ANY PROBLEMS REGARDING ACCESS PLEASE CONTACT RENAL UNIT PLEASE DO NOT USE A FISTULA ARM FOR BLOOD PRESSURE MONITORING OR IV LINE PLACEMENT

PLEASE SEND PATIENT MEDICINE KARDEX, FLUID BALANCE CHARTS AND NOTES WHEN PATIENT ATTENDING FOR DIALYSIS FROM THE WARD

NEONATAL UNIT TRANSFER SHEET

From	Hospital	To	Hospital
Surname		Forenames	
DOB	Time		
Mode of Delivery		Apgar Score.....	
Gestational Age			
Birth Weight		Present Weight	
Age at Time of Transfer (Day)			
Feeding Regime			
Last Feed at			
Intravenous Therapy			
Ventilation Prior to Transfer			
Observation Prior to Transfer			
Present Medication		Last Given At	
1		1	
2		2	
3		3	
4		4	
5		5	
Diagnosis/Comments			
.....			
.....			
.....			
.....			
Ambulance Ordered By.....		Please Find Enclosed Documents	
Receiving Hospital Contacted By.....		1 Doctor's Letter	YES/NO
Parents Notified of Transfer YES / No		2 Family Profile Copy	YES/NO
Guthrie Test Performed Green.....		3 X-Rays (Copies)	YES/NO
Black.....		4 ECG Copy	YES/NO
		5 Consent Form (If applicable)	YES/NO
		6 Other	
		Specify.....	
Thank You			
Signature.....		Date.....	

Northern Ireland Paediatric Transfer Form

Name		Transferring hospital		DOB	
Hosp.No.		Receiving Hospital		Age	
Address		Referring Consultant		Weight	
		Diagnosis		Initial Onset Date & Time	
		GP Name & Address		Admission Date & Time	
Parental Responsibility					
Tel. No.		Religion		Transfer Date & Time	
		Attended by clergy		Arrival Time	

O B S E R V A T I O N S		On Admission	On Departure	During Transfer					On Arrival
	Time								
	Heart Rate								
	BP								
	Temperature								
	Resp. Rate								
	Saturations								
	Cap. Refill								
	Colour								
	GCS/AVPU								
	Pupils								
	Blood Sugar								

Airway	Self / Oral Airway / Tracheotomy	If Intubated See Respiratory Section Last Page
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FLUD BALANCE	Time of last orals		Naso / Orogastric Tube (yes / no)			
	Arterial line (yes/no, site)		IV lines (list all sites)			
	IV Fluids Insitu					
	Total Intake (Specify others)	Blood	Plasma	Colloid	Oral	
	Total Output	Urine	Aspirate	Drainage	Blood loss	

DRUGS	DRUG	Dose	Route	Time		DRUG	Dose	Route	Time

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X R A Y S	Cultures Sent										
	C-Spine		Skull		Chest		Pelvis				
	Collar				USS		CT scan		MRI		

R E S P I R A T O R Y	ET Tube	Nasal / Oral	Size		Length		
	Time						
	Mode of ventilation						
	FiO2						
	Ventilator Rate						
	Pressure						
	Volume						
	Time I:E						
	Flow						
	Cylinder Air Levels						
	Cylinder O2 Levels						
	Suction						

M E D I C A L H I S T O R Y & E X A M I N A T I O N	
	Meningococcal Guidelines completed if appropriate
	MRSA Status
Doctors Signature	

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		Print Name	
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TRANSFER TEAM	Doctor	
	Anaesthetist	
	Nurse	
	Technician	

Appendix 7

The Mental Health (Northern Ireland) Order 1986

Doctors Holding Power (Form 5)

Article 7 (2)

Where any doctor on the staff of the hospital concerned feels that an application for assessment ought to be made, he has the power under Article 7(2) to restrain a voluntary patient from leaving the hospital for 48 hours by furnishing a report on Form 5 to the Board. This will allow time to have an application form and medical recommendation completed. The doctor's holding power can be used to detain an inpatient in any hospital, including a general hospital, even though the patient is not being treated for a mental disorder at the time.

*** Patients **cannot** be transferred between hospitals on Form 5

Admission to hospital for assessment.

Application form

An application for admission for assessment may be made either by:

The patient's nearest relative (Form 1)

or

An Approved Social Worker (Form 2) (this is seen as best practice)

Medical Recommendation

The medical recommendation which will accompany an application for assessment must be made on Form 3, and will normally be given by the patient's own GP.

Reference

(The Mental Health (Northern Ireland) Order 1986--A Guide, DHSS 1986)