ACS Transfer Summary

Transferring Facility:
(Name, Address, Phone)

Name:
Sex:
Age:
Address:

ADMINISTRATION SECTION

Receiving Physician: _____ Receiving Nurse: _____ Receiving Facility: _____

Date of Transfer: _____ Time Receiving Physician Contacted: _____ Time Receiving Nurse Contacted: _____

Receiving Administrator / agent authorizing transfer: _____ Time of Call: _____

Transferring Physician: _____ Transferring Nurse: _____

Transfer Acknowledgement signed? ____ Yes _____ No _____ Unable Physician Certification signed? _____ Yes _____ No

Primary Diagnosis: _____

Reason(s) for Transfer: _____ Patient / Family / Patient Representative / Guardian Requests Transfer.

_____ Physician on-call to Emergency Department failed or refused to appear within a reasonable time.
(Name & Address of Physician) _____

_____ Services / Bed Not Available. Specify: _____

_____ Other: Specify: _____

PHYSICIAN ORDERS

Transfer Via: _____ EMT Ambulance _____ Paramedic Ambulance _____ Air Ambulance _____ Private Vehicle _____ Other:

Accompanied by: _____ R.T. _____ R.N. _____ M.D. Other: _____

TRANSFER ORDERS:

_____ Oxygen: (canula / mask) _____ liters per minute _____ Foley: (clamp / straight drain)

_____ IV Solution: _____ @ _____ ml/hour _____ NG: (clamp / straight drain)

_____ Other Orders: _____

_____

☐ Stable. The patient has been stabilized such that within reasonable medical probability, no material deterioration of the patient's Condition is likely to result from transfer.

☐ Unstable. The patient's condition has not been stabilized. List benefits and risks below.

Benefits of transfer: _____

Outweigh risks of transfer: _____

☐ Patient refused when offered medical examination and treatment to stabilized his / her condition.

X_____
Transferring Physician's Signature

DISCHARGE

Discharge Time:

Vitals on Discharge: _____, _____, _____
BP Pulse Resp

X_____
Signature of Discharge Agent

Information Sent	N/A	Sent	Rec'd
Medical Record			
Nursing Notes / Vitals			
Clothing / Valuables			
DNR Form			
Pt. Acknowled.Form			

Arrival Time:

Vitals on Arrival: _____, _____, _____
BP Pulse Resp

X_____
Signature of Receiving Agent

ACS