Niagara Health System
Système De Santé De Niagara

Height _____ cm   Weight _____ kg

Allergies _____

# NHS Patient Transfer Order Set	M	K	O

Orders Processed Date (dd/mm/yyyy)

_____

Time (hhmm)

_____

By

_____

Status

_____

Processing Reviewed by

_____

Status

_____

Faxed by

_____

Transfer To

☐ Site: _____   Dept.: ☐ ED   ☐ Other: _____
☐ Other Facility: _____   Attending MD: _____   Unit: _____
☒ Diagnosis: _____
Code Status: ☐ Full Resuscitation   ☐ _____

Transfer Via

☐ Own transportation / taxi (No Form 1's or patients requiring cardiac monitoring)
☐ Private supine transport
☐ Non-Urgent paramedic transport (Spectrum PTP)
☐ Urgent ambulance transfer (within 1 hour)
☐ Emergent ambulance transfer (immediate)
☐ Police escort

Reason for Transfer

☐ **Consult**
  ☐ Emergency Department
    Receiving ED Dr. _____   Notified at: _____
    (Accepting ED to notify MD upon arrival)
  ☐ Specialty Service: _____
    Dr. _____   Notified at: _____
    (Notify Specialty MD upon arrival)

    If admitted, MD to complete appropriate Admission Order Set

☐ **Transfer of Care**
  ☐ Transfer care to (service): _____   Dr. _____
    ☐ Accepted by Dr. _____ at _____ (hhmm)
    (Notify MRP upon patient's arrival)
  ☐ Direct Admission to unit: _____   Room: _____

☐ Telephone Order _____   _____   _____
Ordering Practitioner, Designation   Signature   Date/Time (dd/mm/yyyy hhmm)

If Telephone Order _____   _____   _____   ☐ Read Back
Ordering Physician   Date (dd/mm/yyyy)   Time (hhmm)

Chart Copy – Do Not Destroy

✓ PatientOrderSets

Height _____ cm   Weight _____ kg

Allergies _____

NHS Patient Transfer Order Set	M	K	O

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Prior to Departure

☒ Notify Charge Nurse at receiving site/unit, ensure TOA complete and offload area assigned

   Notified at: _____   Charge Nurse: _____   On Arrival patient to: _____

☒ Patient belongings secured and labeled

☒ Copy of Chart and DI imaging disks

Vitals

☒ Temp, HR, RR, BP, SpO_2 assessed and documented q _____ h

Interim Orders

_____

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☐ Telephone Order _____

       Ordering Practitioner, Designation   Signature   Date/Time (dd/mm/yyyy hhmm)

If Telephone Order _____   ☐ Read Back

       Ordering Physician   Date (dd/mm/yyyy)   Time (hhmm)

PatientOrderSets

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