



## Transfer of Care Information from Emergency to Med-Surg/OBS

Addressograph

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

OHIP#: \_\_\_\_\_

**Date:**

Transfer Checklist Criteria	ER			Med-Surg/OBS		
	Yes	No	NA	Yes	No	NA
<b>Patient Details:</b>						
ID Band on						
Diagnosis reviewed						
Medi Alert Bracelet on						
Belongings in possession						
Diet reviewed						
Medications reviewed						
Bladder function – continent?						
<input type="checkbox"/> Foley						
Bowel function – continent?						
Last BM						
Most recent VS reviewed						
Blood sugar reviewed (if applicable)						
Immunization status reviewed						
Drains present						
Dressing present						
IV fluids?						
Admission orders reviewed						
<b>On patient record:</b>						
Lab results (On Chart? EMR?)						
ECG results (if applicable)						
Diagnostic Imaging Result (if applicable)						
Old Chart/paper chart and patient’s current chart						
Consultation report						
Pending results						
	<b>Time Completed:</b>			<b>Time received on unit:</b>		
SIGNATURE/INITIALS	<b>ID</b>			<b>ID</b>		
PRINT						

April 11, 2023