LRGHealthcare

Patient Sticker

Inpatient Transfer Sheet
"I PASS the BATON"

I	**Introduction**	Introduction of the oncoming and off-going provider. Make sure that there are opportunities for staff to ask questions, clarify information and confirm.
P	**Patient**	Make sure that the correct patient is identified during the handoff process. Check patient's name (ask the patient to tell you their name) **Was Family Informed of transfer?** ☐ YES ☐ NO **Name Band Checked:** ☐ YES ☐ NO **Patient transferring from:** ☐ Emergency Dept ☐ Outside Hospital ☐ Other_____
A	**Assessment**	**Chief complaint:**_____ **Diagnosis:**_____ **Vital Signs: T**_____ **P**_____ **R**_____ **BP**_____ **Rhythm** _____ **O2 Sat** _____ **WT** _____
S	**Situation**	☐ **P-DNR in place** (see attached) **Level of Consciousness:** ☐ Fully Awake ☐ Sleepy but Arouses Easily ☐ Unresponsive **Nutrition/fluids/IV:** ☐ Tolerating PO Fluids ☐ Taking sips, ice chips only ☐ Nausea & Vomiting ☐ Venous Access: Date Inserted_____ ☐ IV infusing_____ **Elimination:** ☐ Voiding QS ☐ Has not Voided ☐ Catheterized: Date/Time: _____ ☐ Indwelling Foley Patent ☐ Bowel Pattern (specify);_____ ☐ Last BM - Date:_____ I: _____ O: _____ N/A ☐ **Comfort:** ☐ Free of Pain ☐ Minimal Pain ☐ Moderate-to-Severe Pain **Pain Med Last Given:** _____ **Wound status:** Location _____ ☐ No Bleeding ☐ Amount of Bleeding _____ ☐ Date/Time Last Dressing Change:_____ ☐ Splint/Sling/Brace (type) _____ **Activity:** ☐ Up Ad Lib ☐ Up With Assistance ☐ On Bed rest **Oxygen**: _____
S	**Safety Concerns**	**Critical Lab Values/reports or studies:** _____ **Allergies:** _____ **Alerts:** ☐ **Fall Risk** ☐ **Isolation (type)** _____ ☐ **Restraints (type)**_____ **Condition at Transfer:** ☐ **Stable** ☐ **Guarded** ☐ **Critical**
THE		
B	**Background**	Pertinent co-morbid conditions / previous episodes _____ _____ **Primary Language:** _____ Current Medications ☐ **Medication List / MAR Attached** _____ Pertinent Family History: _____
A	**Actions**	What actions were taken or are required (provide brief rationale) **Orders/tests/procedures to be done and timing** _____ _____
T	**Timing**	Level of urgency and explicit timing, prioritization of actions **Any stat meds, tests, procedure ordered?** _____ **Given?** ☐ _____ **Antibiotic** ☐ **yes timing of next dose**_____ (PostOp/ ED Pts) _____
O	**Ownership**	**Report Given to:**_____ Who is responsible (nurse/doctor/team) for patient? _____ Physician _____ Family Contact _____ DPOA/Guardian _____
N	**Next**	What will happen next? Anticipated changes? What is the PLAN? Contingency plans? _____ _____ **Expected Surgery** ☐ **Yes** ☐ **No** **Expected Discharge/Transfer to other facility**_____

Attachments: H & P/ Discharge Summary ☐ P-DNR form Current Med List Pertinent Labs, X-Ray Insurance Comments: _____

_____ _____

Signature of Transferring Nurse and phone # ***Date / Time***