

# TRANSFER REPORT SHEET

Transferring Hospital \_\_\_\_\_

Name \_\_\_\_\_  
Age \_\_\_\_\_  
Date/Time of Injury \_\_\_\_\_  
Mechanism of Injury \_\_\_\_\_  
Injuries \_\_\_\_\_  
Allergies \_\_\_\_\_  
Medications \_\_\_\_\_  
Substance Abuse \_\_\_\_\_  
Presenting Symptoms \_\_\_\_\_  
Isolation History \_\_\_\_\_

Direct Family Contact	
Name	_____
Phone #	_____

Vital Signs: \_\_\_\_\_

**Diagnostic Tests:**

Labs

(hct, wbc (for nec fasc), coags, ETOH, lactate)

X-rays

CT Scans: \_\_\_\_\_

Angio

**Operative Procedure:**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Systems Report:**

Neuro

TBI: Exam: \_\_\_\_\_ GCS: E \_\_\_ M \_\_\_ V \_\_\_

Treatment: \_\_\_\_\_

FFP: \_\_\_\_\_

Vit K: \_\_\_\_\_

Pre-existing Meds: \_\_\_\_\_

(NSAIDS/Comadin/ASA)

Spine:

Steroids Given: \_\_\_\_\_

Dose: \_\_\_\_\_

Collar: \_\_\_\_\_

Pressors: \_\_\_\_\_

Motor: \_\_\_\_\_

Sensation: \_\_\_\_\_

Pulmonary

Cardiac

GI

GU

Extremities

Skin

Temperature

Ivs

Central Lines

Volume In

\_\_\_\_\_ Crystalloids

\_\_\_\_\_ Colloids

Vent/Intubation

Vent Settings: \_\_\_\_\_

Pulse Ox

ABGs

Backboard Time: On \_\_\_\_\_

Off \_\_\_\_\_

Medications

Pain: \_\_\_\_\_

Steroids: \_\_\_\_\_

Tetanus: \_\_\_\_\_

Antibiotics: \_\_\_\_\_

Pneumovax: \_\_\_\_\_

\_\_\_ Heparin

\_\_\_ Lovenox

\_\_\_ Filter

\_\_\_ SCD

DVT Prophylaxis

Splenectomy Patients Only

Pneumovax

OGT/NGT

Foley

Urine Output

Since When

Ortho

\_\_\_ Splints

\_\_\_ TPOD

\_\_\_ Binder

Soft Tissue

Cultures:

Blood

Wound

When: \_\_\_\_\_

Results: \_\_\_\_\_

**Family Social:**

What Information Was Given  
to the Family \_\_\_\_\_

**REMINDER: PLEASE SEND THE CTS, FILMS, LABS WITH THE PATIENT BEING TRANSFERRED**