

**S** **Situation:**  
 Transferring Unit: \_\_\_\_\_ Receiving Unit: \_\_\_\_\_ Room #: \_\_\_\_\_  
 Admitting Diagnosis: \_\_\_\_\_  
 Attending/Service/Team: \_\_\_\_\_  
 Brief History/Chief Complaint/Procedure: \_\_\_\_\_

**B** **Background:**  
 PMH: \_\_\_\_\_  
 Allergies: \_\_\_\_\_  
 Code Status: \_\_\_\_\_ Restraints:  Yes  No H/O Falls:  Yes  No  
 Isolation/Type: \_\_\_\_\_ Telemetry:  Yes  No  
 Monitory room (x5622) notified of pt. location

**A** **Assessment:**  
 Most Recent Vital Signs at (time) \_\_\_\_\_ HR: \_\_\_\_\_ BP: \_\_\_\_\_ RR: \_\_\_\_\_ Temp: \_\_\_\_\_ O2 Sat: \_\_\_\_\_  
 Abnormal Labs/Tests: \_\_\_\_\_  
 Labs/Tests Pending: \_\_\_\_\_ Last Cardiac Enzyme: (time) \_\_\_\_\_  
 Neuro/Psychosocial: \_\_\_\_\_  
 Musculoskeletal: \_\_\_\_\_  
 Pain score 0-10: \_\_\_\_\_  Analgesia delivery device - Describe: \_\_\_\_\_  
 Cardiovascular: \_\_\_\_\_ EKG/Rhythm: \_\_\_\_\_  
 Respiratory: \_\_\_\_\_  
 Oxygen: \_\_\_\_\_ L/min Trach Size: \_\_\_\_\_ Type: \_\_\_\_\_  Trach Protocol Orders  
 Skin intact:  Yes  No If no, describe: \_\_\_\_\_  
 Dressing Type: \_\_\_\_\_  Drainage - Describe: \_\_\_\_\_  
 GI: \_\_\_\_\_  Drains - Type: \_\_\_\_\_  
 Diet: \_\_\_\_\_ Last BM: \_\_\_\_\_ NGT Drainage \_\_\_\_\_ ml  
 GU \_\_\_\_\_ Chest Tube Drainage \_\_\_\_\_ ml  
 Foley  Continuous Bladder Irrigation  Voided: \_\_\_\_\_ ml at (time) \_\_\_\_\_ Dialysis:  Yes  No  
 Medications given: \_\_\_\_\_  
 IV Fluids: \_\_\_\_\_ Last antibiotic dose time: \_\_\_\_\_  
 IV Lines: \_\_\_\_\_ EBL: \_\_\_\_\_ ml Total Intake: \_\_\_\_\_ ml Total Output: \_\_\_\_\_ ml

**R** **Recommendations:**  
 Recommendations/Additional Information: \_\_\_\_\_  
 Review of Admission/Transfer Orders Performed  
 Confirm That The Following Information Is Complete And On The Patient's Chart (if indicated):  
 Patient Authorization & Advance Directive  Contact Information Sheet  Medication Reconciliation  
 Admission Database  Nursing Preop Checklist  
 Other Patient Information:  
 Patient has no personal items  
 Clothing/Personal items  Sent with patient  Sent to Security  
 Dentures:  N/A  Left at home  Sent with Patient  Sent to Security  
 Eyeglasses:  N/A  Left at home  Sent with Patient  Sent to Security  
 Other: \_\_\_\_\_  Sent with patient  Sent to Security  
 Patient/Family Aware of Transfer - Name of person notified: \_\_\_\_\_

**Resident MUST BE NOTIFIED of patient location once destination has been reached.**

Report Given to: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Resident notified of patient arrival Name of resident: \_\_\_\_\_ Time: \_\_\_\_\_

**Signature of Transferring Nurse:** \_\_\_\_\_  
**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Signature of Receiving Nurse:** \_\_\_\_\_  
**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

THE GEORGE WASHINGTON UNIVERSITY HOSPITAL



AS0011

**NURSING HAND-OFF  
 TRANSFER/ADMISSION  
 SUMMARY**

76-112 (01/09)

Patient Label