TACOMA TRAUMA TRANSFER CHECKLIST

St. Joseph Medical Center ED: 253-426-6963/ Fax: 253-426-6250	Tacoma General Hospital ED: 253-403-1050/ Fax: 253-403-1517

Name of Patient: _____ Age: _____

Diagnosis/ Injuries: _____

Receiving Facility: _____ Transferring Facility: _____

Accepting Physician: _____ Transferring Physician: _____

Transferring RN: _____ Facility Phone Number: _____

Transfer Level of Care:	Method of Transfer
☐ Advanced Life Support ☐ Critical Care/ Nurse Car • Goal: Receiving hospital receives patient within 1 hour from decision to transport.	☐ Ground Emergent Transfer ☐ Ground ALS ambulance ☐ Air

Items to send with patient and transfer crew:

- ☐ Face Sheet (demographics) & POLST form if applicable
- ☐ EMS Run Sheet
- ☐ Copies of lab work
- ☐ Copies of x-rays, ultrasound, CT scans, etc (Forward electronically via VPN network, if possible, digital if available; or copies of images)
- ☐ Copy of ED record
- ☐ Radiologist report (if available)
- ☐ Copy of ECG (if applicable)
- ☐ Copy of medication administration record and fluid/food given
- ☐ Copy of transfer consent/ COBRA form
- ☐ Nurse to Nurse report given: _____ RN: Time: _____
- ☐ Family given written directions to facility and phone number of receiving unit.
- ☐ Family given patient belongings
- ☐ Family member name & contact phone number: _____
- ☐ Ambulance called _____ (time); Trauma Center called pt enroute: _____

Send Completed Form with the Patient

This form is not part of the permanent medical record and does not replace the COBRA/ EMTALA transfer form.