**TACOMA TRAUMA TRANSFER CHECKLIST**

<table>
<thead>
<tr>
<th>St. Joseph Medical Center</th>
<th>Tacoma General Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>ED: 253-426-6963/ Fax: 253-426-6250</td>
<td>ED: 253-403-1050/ Fax: 253-403-1517</td>
</tr>
</tbody>
</table>

Name of Patient: ___________________________ Age: ____________

Diagnosis/ Injuries: ____________________________

Receiving Facility: ________________ Transferring Facility: ________________

Accepting Physician: ________________ Transferring Physician: ________________

Transferring RN: ___________________________ Facility Phone Number: ________________

<table>
<thead>
<tr>
<th>Transfer Level of Care:</th>
<th>Method of Transfer</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Advanced Life Support</td>
<td>[ ] Ground Emergent Transfer</td>
</tr>
<tr>
<td>[ ] Critical Care/ Nurse Car</td>
<td>[ ] Ground ALS ambulance</td>
</tr>
<tr>
<td>[ ] Goal: Receiving hospital receives patient within 1 hour from decision to transport.</td>
<td>[ ] Air</td>
</tr>
</tbody>
</table>

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.