



TRANSFER
ADULT ICU TRANSFER NOTE

Page 1 of 3

Form Origination Date: 4/11
Version: 2

Version Date: 8/11

**This form may be completed on line. Tab or move
cursor to text field and type in text.**

**For HIPAA Compliance reasons, this form
IS NOT TO BE SAVED with patient information.
Selecting the PRINT button will clear all information
from the note.**

Patient Name _____
MRN _____
PATIENT IDENTIFICATION LABEL

Date & Time of Admission: _____ **Date & Time of Transfer:** _____

Reason for Admission: _____ **Admission Attending:** _____

Brief History: _____

Injury Complex:

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

Operative Procedures: None

Date	Operation	Surgeon
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Interventional Radiology Procedures (including IVC filter placement): None

Date	Procedure
1. _____	_____
2. _____	_____



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Medications on Transfer (if on antibiotics, list indication and day of treatment):

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

If splenectomy performed, date vaccines given:

pneumococcal vaccine _____

meningococcal vaccine _____

haemophilus influenzae b vaccine _____

MICROBIOLOGY (list all positive cultures):

Date	Source	Organism
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Vent Settings (if applicable): Mode _____ Tidal Volume _____ Rate _____ FiO₂ _____ PS _____

Nutritional Status: Diet _____
Tube Feed _____ @ _____ mL/hr PN @ _____ mL/hr

Precautions: None MRSA VRE C. difficile

Weight Bearing Status:
Right upper extremity _____
Right lower extremity _____
Left upper extremity _____
Left lower extremity _____

Wound Care: _____

Date Tracheostomy Placed: _____ **Trach Size:** _____ **Date PEG Placed:** _____

Physician/PA Signature _____ Pager ID _____ Date _____ Time _____ AM/PM
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