



<b>NHS Number:</b>																				<b>Patient Name:</b>	
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<p><b>Pre Transfer-Checklist:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> IV access x</li> <li><input type="checkbox"/> Gastric Tube</li> <li><input type="checkbox"/> 2 copies of Badger</li> <li><input type="checkbox"/> Copy of Nursing and Medical Notes</li> <li><input type="checkbox"/> Nursing Transfer Form</li> <li><input type="checkbox"/> Infusions in 50 ml syringes</li> <li><input type="checkbox"/> Discontinue TPN- commence 10% Glucose</li> <li><input type="checkbox"/> Parents Informed</li> </ul> <p><b>Infection Control Concerns?</b></p> <p><b>Safeguarding Concerns?</b></p> <p><b>Parental Transport / accommodation?</b></p> <p><b>Signed:</b></p>	<p><b>Day Of Transfer Information (if transferred later than day of referral):</b></p> <p><b>Date:</b></p> <p>Change in respiratory status:</p> <p>Today's Obs</p> <p><i>HR</i> <span style="float: right;"><i>BP:</i></span>  <i>RR</i> <span style="float: right;"><i>Sats:</i></span>  <i>Temp:</i> <span style="float: right;"><i>CRT:</i></span></p> <p>Today's Feed Times:</p> <p>Cool bag req?:    Y    N</p> <p>Other outstanding issues:</p> <p><b>Signed:</b></p>
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