ALTNAGELVIN HOSPITALS HEALTH AND SOCIAL SERVICES TRUST
TRANSFER REFERRAL SHEET

Patient Name: RACHAEL FERGUSON Hospital No: AM 313854

Date of Admission: 7/6/01 Ward: Wd 6

Present Location: ICU

Principal diagnosis: INITIAL – APPENDICITIS
GERD ? MENINGITIS ? ENCEPHALITIS

Reason for Transfer: TO BELFAST ICU

Time of decision: 09.00 (on FIRMING

Referring Consultant : DR NESBITT

Receiving Consultant : DR. CREAN

Results of Relevant Investigations: ? Anb. achroid hae.

Current Drug Therapy: 2·4 mg IV Cefotaxime } TDS.
1·2 mg IV Benzylpenicillin }
Nil else.

CHECKLIST:

Family informed: Yes / No Was patient full attended: Yes / No

ITEMS TO BE SENT WITH PATIENT:

Case Notes: - Originals Yes / No X-Rays - Originals (Chest) Yes / No
- Copies: Yes / No - Copies Yes / No
CT XRays (Not sent) Faxed up.

Patients Belongings: Yes / No

Signature: NURSE S/N.

TRANSFER RECORD SHEET

Patients Name: RACHEL FERGUSON Hospital No: A64 313854

Date: 9th June 2001. Time of Departure : 11.10am.

PATIENT INTERVENTION / MONITORS:

Tracheal Intubation:	Yes / (No)	Size of E.T.T.:	6.0
Ventilated (Manual)	Yes / (No)	Type of Ventilator:	Draeger Portable
(Mechanical)	(Yes) / [redacted]	Mode of Ventilation:	& IMV IPPV.
Central Venous Lines	Yes / (No)	C.V.P. Monitoring	Yes / (No)
E.C.G.	(Yes) / No	SAO_2	(Yes) / No
Blood Pressure (Direct)	Yes / (No)	ET CO_2	(Yes) / No
(Indirect)	(Yes) / No	Urinary Catheter	(Yes) / No
Chest Drain	Yes / (No)		

Time	11.10 AM	11.20 AM	11.30 AM	11.40 AM	11.50 AM	12 Mid.	12.10 PM	12.20 AM				
H.R.	105	105	104	103.	105.	103	103	104				
Rhythm	SR	SR	SR	SR.	SR	SR	SR	SR.				
B.P. (Cuff. MBP)	96/47	92/47	94/50	93/47	98/50	99/48	97/46					
C.V.P.	N/A	N/A.	N/A	N/A.	N/A.	N/A	N/A	N/A				
SAO_2	100%	100%	100%	100%	100%	100%	100%	100%				
Insp. O_2												
Resp. Rate	10.	10	10	10	10	10	10					
Tidal Volume	200	200	200.	200.	200	200	200.					
Airway Press.	+18	+16	+16	+16	+16	+16	+16					
Peep cms H_2O	+2	+2	+2	+2	+2	+2	+2					
ET CO_2	34	34	34	34	34	33.	35.					
PUPILS	E	E	E	E	E	E	E					
Right Size	7	7	7	7	7	7	7					
Right Reaction	F	F	F	F	F	F	F					
Left Size	7	7	7	7	7	7	7					
Left Reaction	F	F	F	F	F	F	F					

SIZE OF PUPIL

1 .
2 .
3 ●
4 ●
5 ●
6 ●
7 ●
8 ●

FLUID	VOL.	STARTED AT	RATE	SIGNATURE
NACL + KCL	1L	9am	Hourly	[redacted]

DRUG	DOSE	TIME	SIGNATURE

Time of Arrival: 12.20 pm. Tick if journey uneventful : ✓

Any Important Episode of: Desaturation Hypotension Arrhythmia Hypertension Other

If Yes, Please elaborate:

Evaluation:

RF - ALTNAGELVIN

020-024-053

Signature