TRANSFER RECORD SHEET

CH476554 [redacted]

Patients Name: RACHEL FERGUSON Hospital No: A&E 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:	Drager Portable
(Mechanical)	(Yes) / [redacted]	Mode of Ventilation:	SIMV 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 AM	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. NBP)	96/47	96/47	94/50	93/47	98/50	99/46	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
1/2
3
4
5
6
7
8

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

DRUG	DOSE	TIME	SIGNATURE

Time of Arrival: Tick if journey uneventful : ☐

Any Important Episodes of: Desaturation Hypotension Arrhythmia Hypertension Other

If Yes, Please Elaborate:

Explanation:

RF – ROYAL

063-007-014