



PICU Discharge/External Transfer Checklist



Use this list when transferring a patient to another hospital or to home.

UPON DISCHARGE, THE FOLLOWING SHOULD BE CONFIRMED

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| <input type="checkbox"/> Verify Care Giver Competency (if d/c home)
Has care giver completed rooming in and teaching if going home with new technology/devices? | <input type="checkbox"/> Communication with family |
| <input type="checkbox"/> Verify Insurance Approval (if back transport or going to inpatient rehab hospital) | <input type="checkbox"/> Medication Reconciliation
Verify meds with pharmacist, along with times of next administration.
<i>* Patients on controlled substances, may require pre-arrangement of agents to be purchased, depending on the transporting company. Therefore, please notify pharmacy at least 24 hours prior to final transfer time.</i> |
| <input type="checkbox"/> Contraindications for allowance of contracted EMS transport
-Fresh tracheostomy
-Abnormal Saturation Goals
-vasoactive infusions
-Less than 10 kg
-+/-On mechanical ventilation (relative) | <input type="checkbox"/> Hand Off – Provider to Provider
Provider report should be given at the time of decision to transfer, AND on day of transfer (if different from the original accept day). If d/c to home – have follow up appointments been made? If d/c to home should contact PCP prior to patient's first visit with that provider |
| <input type="checkbox"/> Transportation
Has transportation been arranged and is it appropriate for the patient (ie UNC Aircare versus contracted EMS). | <input type="checkbox"/> Hand Off – to transport providers at the bedside at the time of departure from unit. Ensure all spare equipment available (tracheostomy, suction catheters) Ensure all medication infusions are available, prn medications which may be required during transport, that the patient is able to be bagged without decompensation, tolerates transport ventilator. |
| <input type="checkbox"/> Discharge Summary Should be completed, along with a printed copy to go with patient. Should include medications, any stop or med weaning plans, nutrition plan, oxygen requirements, ventilator settings, follow up appointments which have already been made | |
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