

# ICU Patient Inter-Hospital Transfer Protocol

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## 1. Patient Information

Patient Name:

Date of Birth:

Hospital Number:

Diagnosis:

## 2. Referring Hospital Details

Referring Hospital:

ICU Bed / Ward:

Attending Physician:

Contact Number:

## 3. Receiving Hospital Details

Receiving Hospital:

ICU Bed / Ward Allocated:

Receiving Physician:

Contact Number:

## 4. Clinical Summary

**Clinical Status:**

**Relevant Investigation Results:**

**Current Treatments / Interventions:**

**Allergies:**

## 5. Transfer Preparation Checklist

Item	Completed (Yes/No)	Remarks
Referral Letter Prepared		
Patient Identified & Consent Obtained		
Medical Records with Patient		
Recent Lab/Imaging Attached		
Appropriate Transport Arranged		
Essential Drugs/Equipment		

## 6. Transfer Details

**Date & Time of Transfer:**

**Mode of Transport:**

**Team Accompanying Patient (Names/Designations):**

**Transfer Handover Notes:**

## 7. Signatures

Name	Designation	Signature	Date & Time