

ICU to Step-Down Unit Transfer Documentation

Patient Information

Patient Name

MRN

Date of Birth

Transfer Date

Transfer Time

Primary Diagnosis

Reason for Transfer

Clinical Summary

Summarize ICU course, including procedures, key findings, and relevant interventions:

Current Status

Brief assessment of vital signs, neurological, respiratory, cardiovascular, GI, GU, and wounds/lines:

Active Medications

Pending Labs/Studies

Consultations and Follow-Up

Additional Instructions

ICU Provider Name

Signature

Date/Time
