

# Transfer Checklist in PPM+

This is easier and quicker to complete and integrates with PPM+ to ensure information can be accessed by clinical colleagues across the organisation.

A Transfer Checklist should be completed by a Registered Nurse for ALL patient transfers.

The new e-Form is available in PPM+ via 'Add Clinical Document'.

**Transfer Checklist**

TESTTEAM, Six (Mrs)    Born 01-Jan-1931 (91y)    Gender Female    NHS number 999 009 4055  
Address Leeds General Infirmary, Great George Street, Leeds, LS1 3EX    PAS number 4933047

**Transfer details**

Please ensure all patients are risk assessed to identify the appropriate escort for safe transfer

Is the patient transfer from a clinical area that does not routinely use e-Obs? \*

No Yes

Reason for admission/diagnosis \*

**Observations**

Have the patients observations been checked and recorded? \*

No Yes

Is the patient physiologically safe for transfer? \*

No Yes

**Escalation**

Is the patient for escalation of treatment? \*

No Yes

Is the patient for resuscitation? \*

No Yes

ReSPECT form completed? \*

No Yes

Have you collected together all medications for this patient? \*

Yes  
 No  
 Not Applicable

EDAN, medicine locker, drug trolley, fridge, CD's

Are there any medications which are required in the next hour? \*

No Yes

**Patient Property**

Has the patient handed over any property or valuables for safe keeping? \*

No Yes

Please ensure all mobility aids belonging to the patient are transferred with the patient

Emergency contact / carer / parent aware of transfer? \*

No Yes

The Transfer Checklist is now available as an e-Form, replacing the paper version.

