Patient Transfer PI

Pt Name: Acct #:

Gender: Age: First ED GCS: ED Disposition: ED Arrival Date:

ED Arrival Time: ED DC Time: ED LOS: ISS:

NISS: Mechanism of Injury:

Trauma Activation Level: ❒ Alpha ❒ Bravo ❒ Trauma Consult ❒ None

Was Trauma Evaluation Dictated? ❒Yes ❒No

Diagnoses:

1.)	2.)
3.)	4.)
5.)	6.)

Findings & Comments:

Was this patient reviewed at Trauma PIPS? ❒No ❒Yes Month _______

	Reason for Transfer	Comments
❒	Pt required higher level of care / specific physician services not available	
❒	Services/Equip service not available here	
❒	Pt has prior relationship with another provider	
❒	Pt or family requesting transfer	
❒	Insurance coverage requested transfer	
❒	Burns meeting transfer criteria	
❒	Pediatric Trauma < 15 yrs	
❒	Other	
❒		
❒		

Reviewer's initials ____________________ Date: ___________________

Reviewer's Name (PRINT) : ❒ ❒