## Appendix 11 Ward Transfer Checklist

**Patient Transfer Record**

**(to be completed by a Registered Nurse or Multi-Disciplinary Team (MDT) member prior to any internal repatriation, step down from a Psychiatric Intensive Care Unit (PICU) or return from out of area)**

**Patient Name:**

**Responsible Clinician (RC):**

**Legal Status: Informal / Mental Health Act (MHA) / Deprivation of Liberty (DoL) (Delete as appropriate)**

**NHS Number:**

**Section:**

**Start Date:**

**Expiry Date:**

**Transfer From: To:**

**Date Reason for Transfer:**

|  |  |
| --- | --- |
| **Transferring ward to complete** | **Tick when completed** |
| Discuss reason for transfer with patient & record any issues/needs in the relevant section below |  |
| Inform relatives / carers & record any issues/needs in the relevant section below |  |
| Check risk assessment & care plan and update if necessary |  |
| Verbally inform receiving ward, in advance, of individual needs & document overleaf. This must include:   * Issues arising from risk assessment + current observation level * Issues for the patient, their relatives and or carer (s) * Need for any particular medication / medical equipment (e.g. Clozapine, or any specialist medication for mental or physical health, if so; to ensure transfer of at least 4 day's supply). * Ongoing treatment needs – psychology, physiotherapy etc * Any hospital appointments due. If so for what, and where * Dietary needs * Language needs * Religious and cultural needs |  |
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| Ensure patient’s address and relative / carer contact details are correct |  |
| Ensure a physical description of the patient is recorded in their clinical records if no photo has been obtained following admission. |  |
| Ensure all involved agencies are recorded in the clinical records |  |
| If an Mental Health Review Tribunal / Managers Hearing / Care Programme Approach (CPA) or Consent to Treatment review is scheduled for the next 7 days, communication between both teams to take place (involving nursing and medical colleagues) to ensure adequate arrangements are in place and the transfer is to go ahead. |  |
| All property, monies & record of monies / valuables transferred |  |
| **Name of colleague completing the form:** |  |
| **Name of colleague on receiving ward who has seen the form and agreed to transfer:** |  |

|  |  |
| --- | --- |
| **Receiving ward to complete** | **Tick when completed** |
| Prior to transfer check needs and respond appropriately |  |
| Familiarise team with assessment & care plan |  |
| Orientate patient to new environment and address any issues /concerns |  |
| Request medical assessment if transfer from Out Of Area (OOA) |  |
| Inform relevant agencies of transfer |  |
| Patient satisfied that all personal property has been transferred |  |
| **Name of colleague completing the form on the receiving ward** |  |
|  | |

**Transfer Record – Patient’s Needs**

**Transferring ward to complete**

*Any parts of transfer procedure not completed:*

*Issues for relatives / carers: Mum has told staff that she fears him and that he can become argumentative and aggressive towards her.*

*Any outstanding Post Incident Reviews?*

*Medical Equipment:*

*Dietary needs:*

*Religious / Cultural needs:*

*Interpreting needs & contact details of interpreters used recently:*