Date: [Date]

Subject: Formal Transfer of Critical Care Patient Care

PATIENT DETAILS:
Name: [Patient Full Name]
Date of Birth: [DOB]
Medical Record Number: [MRN]
Admission Date: [Date]

TRANSFER INFORMATION:
From: [Sending Facility/Unit]
To: [Receiving Facility/Unit]
Accepting Physician: [Physician Name]

CLINICAL SUMMARY:
Primary Diagnosis: [Main Diagnosis]
Secondary Diagnoses: [List Comorbidities]
Reason for Transfer: [Reason e.g., Higher level of care, Specialty intervention]

CURRENT STATUS:
Airway/Respiratory: [Ventilator settings, O2 requirements, Intubation status]
Hemodynamics: [BP, HR, Pressors/Inotropes doses]
Neurological: [GCS score, Sedation level, Pupil reaction]
Renal/Metabolic: [Urine output, CRRT status, Key lab values]

MEDICATIONS & TREATMENTS:
[List active infusions, recent antibiotics, and last doses given]

PROCEDURES & IMAGING:
[List recent surgeries, line placements, or relevant CT/MRI results]

ATTACHMENTS:
[ ] Full Medical Record
[ ] Lab Results
[ ] Imaging Discs/Links
[ ] Advanced Directives / DNR Status

CONTACT FOR HANDOVER:
Sending Physician: [Name] - [Phone Number]
Nursing Station: [Phone Number]

Sincerely,

[Signature]
[Printed Name and Title]
[Department]