

**HOJA DE TRASLADO DE PACIENTE
LOCAL TRANSFER PATIENT RECORD**

DATOS DEL PACIENTE / PATIENT INFORMATION

Nombre (Apellido ,Nombre/ Name(last,first))	.D.N.I / SSN	.Edad/Age	Fecha/Date	8. Hora/Time
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Modo de Transporte/ Mode of transport ALLS/061 Basic Life Support Other

Hospital de origen/Originating facility	Médico que deriva/Referring physician	Tlf /Ph#
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Hospital de destino/Destination Facility	Médico de admisión/Accepting Physician	Tlf/Ph#
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Documentación Adjunta/Documents Attached	Diagnóstico/Diagnosis (DO NOT USE ABBREVIATIONS)
<input type="checkbox"/> Informe médico/Medical report	
<input type="checkbox"/> Placas/X-Rays	
<input type="checkbox"/> Laboratorio/Labs	
<input type="checkbox"/> ECG/ECG	
<input type="checkbox"/> Otros(especificar)/others(specify)	
<input type="checkbox"/> Otros(especificar)/others(specify)	

IV	Sonda Nasogástrica/NG Tubo
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Via central/Central Line	Sonda Uretral/Foley Catheter
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Oxígeno/Oxygen	Incubadora/Incubator	°C
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Intubación/Intubation	Collarín Cervical/ Spinal precautions
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Ventilación/Ventilation	Otros/Others
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Resp	PS/BP	Pulso/Pulse	Temp	O2 Sat	Resp. Settings	Glasgow			Focal.
					FiO2	Ocular	Verbal	Motor	
					Vol.tidal				
					PEEP				
					PSV				

Notas del traslado, Medicación y Tratamiento/Notes, Medication and treatment	(DO NOT USE ABBREVIATIONS)

CONTINUACION/CONTINUED

Risks of Transfer

- Medical condition could worsen during transport
- Transportation risks (unforeseen traffic delays, traffic accident)
- Other

Benefit of Transfer

- Higher level of care (NICU, ICU, etc)
- Specialized services or equipment (cardiac catheterization, etc) not available in Rota
- Other

Patient Condition at time of transfer

- Stable** *Emergency medical condition has been treated, and the patient's medical condition allows transfer*
- Unstable** *Patient's condition is unstable, and death may occur during transfer, but the benefits of transfer outweigh these risks*

Statement

I confirm the patient's condition and the benefits and risks of transfer are as stated above. Based on the information available at this time, I have determined that the medical benefits outweigh the risks of transfer. The patient cannot receive care at Naval Hospital Rota because

Date / / Time

Physician's signature

I consent to transfer to _____ **for the following reasons:**

- Specialty Services not available at Naval Hospital Rota.
- Personal preference. I acknowledge that I have asked for a transfer for *other than medical reasons*.
- Other

Date / / Time

Patient's signature

For minor children only

I consent to this transfer for the reasons listed above. My child's pre-transfer condition has been explained to me to my satisfaction.

Name of patient _____ *Patient, Parent, Guardian or Legal Representative*

Witness _____ *Relationship to patient*

24. **Traductor que asiste**/Attending Translator

Tlf/Ph#