Critical Care Transport
CHILDREN'S MERCY KANSAS CITY

Patient Transfer Checklists

Initiating a Transport:

Contact the Transfer Center at 1-800-GO-MERCY or 1-800-466-3729 and provide the following:

_____ Patient Name, Age, Weight (kg), Diagnosis

_____ Referring Provider's Name with Phone Number

_____ Referring Facility or Unit

_____ Receiving Provider's Name

Forms needed for the Transport team:

_____ Completed Patient Transfer and Consent Record / EMTALA / COBRA

_____ Patient Data Sheet (Facesheet)

_____ History and Physical and Discharge / Transfer Summary

_____ Current Medication Administration Record (MAR)

_____ Laboratory Results and EKG (if applicable)

_____ Diagnostic Images with Report (hard disc or sent to the Cloud)

_____ Maternal Records (for Neonatal or Maternal Fetal Transport)

Information for patient report for the Transport team:

_____ Patient's Age and Current Weight (kg)

_____ Diagnosis and Pertinent Past Medical History

_____ Allergies

_____ Medications with Recent Doses / Administration Times

_____ IV Access, Current IV Fluids, and Infusions

_____ Last PO Intake

_____ Recent Focused Assessment / Pertinent Procedures

 *If the patient is being transported via air, please notify the Transfer Center at 1-800-GO-MERCY with questions regarding parent ride-along, name, weight, and luggage restrictions.

THANK YOU!