



COVID-19

Nurse to Nurse Report for Patient Transfers Between MedStar Hospitals

Situation

When patients are transferred between MedStar hospitals, nurse to nurse report must occur to safely continue care. The Nurse to Nurse report should include the same elements as any hand-off between nursing units.

Background

During the COVID-19 pandemic, transfers between Medstar Hospitals will continue to occur frequently. Transfers provide patients with needed care. The transfer may be for specialty care the sending hospital does not offer or care at a facility that has better capacity.

Assessment

A process guide for each sending and receiving nurse has been identified and is outlined in the recommendations below.

Recommendations

- Once the patient has an assigned bed, the MedStar Transport Center (MTC) provides the sending nurse with the receiving facility and the unit telephone number to call.
- **The sending nurse calls the receiving unit and asks to speak with the nurse assigned to receive the patient and gives report.** See below and on page 2 for report elements and a sample report form on page 3.
- **If the receiving nurse is unavailable, the charge nurse will take report and hand off the report to the receiving nurse.**
- If there are problems reaching either the sending or receiving nurse, contact MTC at 844-877-2424 to obtain the name and number of the sending nurse, if available, or validate the number of the receiving unit.
- If additional assistance is needed, escalate the issue to the unit nurse leader or covering nursing supervisor. Unit nurse leader or supervisor can contact a nurse leader from the other hospital. See contact list on page 2.

Nurse to Nurse Transfer Report Elements

- Sending hospital name, sending nurse’s name (or nurse contact), and phone number for questions or concerns.
- Patient name and date of birth
- Transport estimate time of arrival, if known
- Diagnosis/pertinent history
- Allergies
- Code status/advanced directives
- COVID and isolation status



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- Equipment needed on arrival such as bariatric equipment, respiratory care equipment with settings (nasal cannula, high-flow nasal cannula, Venti-mask, non-rebreather mask, non-invasive ventilation, ventilator)
- Pertinent assessment findings including:
 - Vital signs with most recent oxygen saturation
 - Telemetry rhythm (if on telemetry)
 - Braden Score (most recent) and/or presence of skin breakdown
 - Mental status including delirium assessment
 - Pain assessment and most recent pain medication
- Interventions such as surgeries/major procedures (e.g., interventional cardiology or radiology, bronchoscopy)
- Treatments such as pertinent medications/infusions, dialysis/CRRT, wound/skin care treatments
- Lines/Tubes/Drains such as IV access, tubes including urinary catheters/chest tubes
- Laboratory
 - Critical lab values
 - Blood glucose for diabetics or if abnormal (most recent)
 - Lab tests ordered but not yet obtained
- Safety Needs such as most recent Morse fall risk score, mobility, sitter/rounder, and behavioral health precautions.
- Social Needs such as interpreter, family contact (family notified of transfer), and living situation before admission (home or facility)
- Belonging status: sent home vs. sent with patient

| MedStar Nursing Hospital to Hospital Report Escalation Contact List | | |
|---|--|--|
| Hospital | 07:00-19:00 | 1900-0700 |
| MedStar Franklin Square Medical Center | 443-777-2771 (Nursing Supervisor) | |
| MedStar Good Samaritan Hospital | 410-984-9033 (ADN) | |
| MedStar Georgetown University Hospital | 202-444-5328 (Patient Placement) | 202-444-2513 (Clinical Administrator) |
| MedStar Harbor Hospital | 410-350-7255 (Nursing Supervisor) | |
| MedStar Montgomery Medical Center | 301-775-2725 (Nursing Supervisor) | |
| MedStar National Rehabilitation Hospital | 202-877-1867 (Staffing Office) | 202-997-3531 (Nursing Supervisor) |
| MedStar St. Mary's Hospital | 301-475-6226 | |
| MedStar Southern Maryland Hospital Center | 301-877-5595 (Float Pool Director/Nursing Supervisor) | |
| MedStar Transport Center | 844-877-2424 | |
| MedStar Union Memorial Hospital | 410-261-8074 (ADON) | |
| MedStar Washington Hospital Center | 202-877-2637 (Nursing Supervisor) | |

Nurse to Nurse Transfer Report Form Sample

| | | | | | | |
|---|---|---|--|---|--|---|
| Patient Name Patient Date of Birth (May use label) | | Dx: Hx: | | | | |
| Sending RN/Phone: | | Code Status: | | | | |
| Sending Hospital Unit/Rm: | | Transport ETA: | | | | |
| Allergies: | | COVID Status: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> PUI Test Date/Time: | | | | |
| Special Needs/Equipment: <input type="checkbox"/> Bariatric <input type="checkbox"/> Hearing <input type="checkbox"/> Visual <input type="checkbox"/> Dialysis <input type="checkbox"/> Ostomy <input type="checkbox"/> Other: | | Isolation: <input type="checkbox"/> Standard <input type="checkbox"/> Contact <input type="checkbox"/> Droplet <input type="checkbox"/> Airborne <input type="checkbox"/> Enteric | | | | |
| Orientation: | | | Invasive Lines: | | | |
| <input type="checkbox"/> A&Ox4 | <i>Not oriented to:</i> | | | <input type="checkbox"/> IV Access (Location): _____ <input type="checkbox"/> Central Line (Type): _____ <input type="checkbox"/> Dialysis Catheter <input type="checkbox"/> Urinary Catheter (Foley) <input type="checkbox"/> Chest Tube <input type="checkbox"/> Other | | |
| | <input type="checkbox"/> Person | <input type="checkbox"/> Place | <input type="checkbox"/> Time | | <input type="checkbox"/> Situation | |
| Oxygen: | | | | | | |
| <input type="checkbox"/> RA | <input type="checkbox"/> NC: ___ L | <input type="checkbox"/> Venti or NRB Mask ___ FiO2/___L | <input type="checkbox"/> High Flow NC, <input type="checkbox"/> BiPAP, or <input type="checkbox"/> Vent settings | | | |
| Pertinent Assessment Findings: | | | | | | |
| Respiratory/Cardiac: | | | | | | |
| Neurological/Delirium: | | | | | | |
| Skin (Braden-most recent): | | | | | | |
| Pain Scale/Score: | | | | | | |
| Other: | | | | | | |
| Vital Signs: | T | P | RR | BP | O2 Sat | Blood Glucose |
| EKG/Tele Rhythm: <input type="checkbox"/> N/A <input type="checkbox"/> NSR <input type="checkbox"/> Brady <input type="checkbox"/> Tachy <input type="checkbox"/> A-Fib | | | | | | Other: |
| Pertinent Interventions/Treatments (surgeries/procedures, meds/infusions, CRRT/dialysis, wound care, etc...) | | | | | | |
| Relevant Lab or Test Results (include critical values) | | | | Pending Tests, Lab Collections/Results | | |
| Fall Risk | <input type="checkbox"/> Yes <input type="checkbox"/> No | | Most Recent Morse: | | | |
| Mobility | <input type="checkbox"/> Independent <input type="checkbox"/> Assist <input type="checkbox"/> Bedrest | | Safe Handling Equipment: | | | |
| Social | <input type="checkbox"/> Sitter-Cognitive <input type="checkbox"/> Rounder <input type="checkbox"/> Behavioral Health Sitter | | <input type="checkbox"/> Interpreter Language: | | Living Situation <input type="checkbox"/> Home <input type="checkbox"/> Facility | |
| | Family Contact Name | | Number | | Relationship | Aware of Transfer <input type="checkbox"/> Yes <input type="checkbox"/> No |

Not part of the medical record. Intended as an example; does not replace current hospital transfer forms.