



For Back Up Use

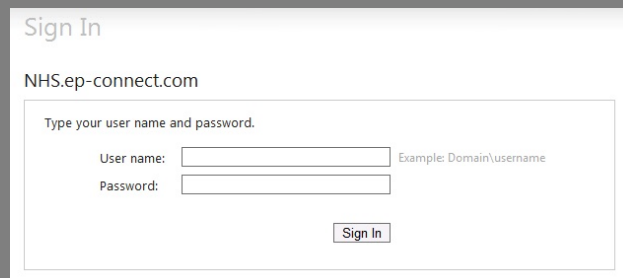
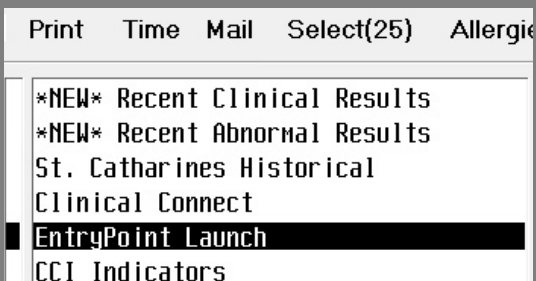
This copy of the Orderset is for Information & BackUp purposes only.

It is intended for use during downtimes.

**For daily use, please access the version on
EntryPoint**

To launch EntryPoint, go to PCI (Patient Care Inquiry) in Meditech. Look for “EntryPoint Launch” and follow the instructions. Log in using your PACS (or Outlook) username and password in lowercase.

Thanks.





Height _____ cm Weight _____ kg

Allergies _____

NHS Patient Transfer Order Set		M	K	O
Orders Processed Date (dd/mm/yyyy)	Transfer To			
<input type="checkbox"/> Site: _____ Dept.: <input type="checkbox"/> ED <input type="checkbox"/> Other: _____				
<input type="checkbox"/> Other Facility: _____ Attending MD: _____ Unit: _____				
<input checked="" type="checkbox"/> Diagnosis: _____				
Code Status: <input type="checkbox"/> Full Resuscitation <input type="checkbox"/> _____				
Time (hhmm)	Transfer Via			
<input type="checkbox"/> Own transportation / taxi (No Form 1's or patients requiring cardiac monitoring)				
<input type="checkbox"/> Private supine transport				
<input type="checkbox"/> Non-Urgent paramedic transport (Spectrum PTP)				
<input type="checkbox"/> Urgent ambulance transfer (within 1 hour)				
<input type="checkbox"/> Emergent ambulance transfer (immediate)				
<input type="checkbox"/> Police escort				
By	Reason for Transfer			
<input type="checkbox"/> Consult				
<input type="checkbox"/> Emergency Department				
Receiving ED Dr. _____ Notified at: _____				
(Accepting ED to notify MD upon arrival)				
<input type="checkbox"/> Specialty Service: _____				
Dr. _____ Notified at: _____				
(Notify Specialty MD upon arrival)				
If admitted, MD to complete appropriate Admission Order Set				
<input type="checkbox"/> Admission				
<input checked="" type="checkbox"/> Admit to (service): _____ Dr. _____				
<input checked="" type="checkbox"/> Transfer care to Dr. _____ at _____ (hhmm)				
(Notify MRP upon patient's arrival)				
<input type="checkbox"/> Direct Admission to unit: _____ Room: _____				
Status				
Processing Reviewed by				
Status				
Faxed by				

Telephone Order _____
 Ordering Practitioner, Designation Signature Date/Time (dd/mm/yyyy hhmm)

If Telephone Order _____ Read Back
 Ordering Physician Date (dd/mm/yyyy) Time (hhmm)



Chart Copy – Do Not Destroy

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