

<b>Family Medicine Inpatient Service ICU Transfer Review and Report</b>
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<b>Date of Event</b>	
<b>Attending Physician of Record</b>	
<b>Resident Physician Completing Form</b>	
<b>MRN</b>	

<b>1) Did transfer occur within 24 hours of admission?</b>	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
<b>2a) Immediate cause of transfer? (Examples: Worsening hypoxia, hypotension)</b>		
<b>2b) Due to underlying cause? (Examples: COPD, metastatic cancer, sepsis)</b>		
<b>3a) Was a code initiated (chest compressions, intubation or pressors) on the ward?</b>	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No (Skip to Question 4)</b>
<b>3b) If yes, had the ICU resident been consulted prior to code?</b>	<input type="checkbox"/> <b>Yes (Skip To Question 4)</b>	<input type="checkbox"/> <b>No</b>
<b>3c) If no, please explain: (Example: Due to abrupt decompensation)</b>		
<b>4a) Was transfer potentially avoidable/ any potential problems with care identified?</b>	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No (Skip to Question 5)</b>
<b>4b) If yes, please describe:</b>		
<b>4c) Were potential problems discussed? (e.g., discussed with team, M&amp;M rounds, etc.)</b>	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
<b>4d) If yes, briefly describe:</b>		
<b>5) Date PCP notified:</b>		

**Attending Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<p>This document is confidential and privileged information protected from disclosure under applicable law. <b>Family Medicine Inpatient Service</b></p>
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