

**Medical Center of Central Georgia**  
**Trauma Services Transfer Review Form**

*last revised: 7/2014*

*MDM: multidisciplinary meeting*

<b>Event Identification/Primary Review</b>				Pediatric (< 15yo)	<b>Primary Injuries:</b>  <b>Cause of Inj:</b>  <b>Pt Arrival D/T:</b>  <b>Pt D/C D/T:</b>
Visit Number:	Age/Gender:			Geriatric (> 64yo)	
Pt First Initial/Last Name:	Registry #:				
Attending:	Resident(s):				
<b>Transfer Info:</b> <input checked="" type="checkbox"/> Transfer Out to (facility name)					
Direct arrival from scene?    Yes    No	Transfer from OSH?    Yes    No				
OSH name	OSH Tx Record Received?    Yes    No				
Rationale for Transfer from Med Center to OSH:					

**Additional Info:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Primary Reviewer Name:** OLIVIA SHARPE, RN                                      **Date:** \_\_\_\_\_

<b>FINAL Review Opinion/Recommendation:</b>  <b>Determination</b> <b>Date:</b> _____ <input type="checkbox"/> System Related <input type="checkbox"/> Disease Related <input type="checkbox"/> Provider Related <input type="checkbox"/> Cannot be determined  <b>Preventability</b> <input type="checkbox"/> <u>Unanticipated</u> : improvement opportunity <input type="checkbox"/> <u>Anticipated</u> : improvement opportunity <input type="checkbox"/> <u>Event/mortality</u> : no improvement opportunity  <b>Corrective Action(s)</b> <input type="checkbox"/> Unnecessary <input type="checkbox"/> Peer Review Pres <input type="checkbox"/> Trend <input type="checkbox"/> Guideline/protocol <input type="checkbox"/> Education <input type="checkbox"/> Counseling <input type="checkbox"/> Other: _____	<b>Secondary Review:</b>  Appropriate & timely <b>pre-hosp treatment</b> ? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Appropriate & timely <b>MCNH care</b> ? <input type="checkbox"/> Yes <input type="checkbox"/> No Appropriate <b>rationale for transfer</b> to OSH? <input type="checkbox"/> Yes <input type="checkbox"/> No Appropriate <b>method of transport</b> to OSH? <input type="checkbox"/> Yes <input type="checkbox"/> No  Comment on any <b>NO</b> answers: _____ _____ _____ _____ _____ _____
<b>Signature:</b> _____ <b>Date:</b> _____	

**Tertiary Review:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Follow-Up:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature: \_\_\_\_\_                                      Date: \_\_\_\_\_

**Follow Up Info From Receiving Facility**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*MVC = motor vehicle accident, MCC = motorcycle collision, MVP = Motor vehicle/pedestrian, ATV = all terrain vehicle*