

Patient details/
affix label here

TRANSMIT COMMUNICATION SHEET

Summary of reason(s) for admission

Active problems/issues (continue overleaf if necessary)

- | | |
|----|----|
| 1. | 4. |
| 2. | 5. |
| 3. | 6. |

TRANSMIT status and plans for the weekend (continue overleaf)

T asks

Planned investigations/procedures

R espiratory

Current respiratory/airway issues, support, weaning plans

A nticipated problems (and plans)

E.g. rescue plan for seizures, anticipated clinical deterioration

N utrition, feeds and fluids

Current management, and plans for weekend

S epsis

Active infections, and plans for antibiotics

M edication plan

Issues regarding other medications

I ntravenous access

Including what to do if this is lost

T ransfer/discharge (if clinical status changes)

If the child improves can they be discharged?

Mention any advance care directives here

PRESCRIBING AND ORDERING CHECK MUST BE COMPLETED (please circle):

- Will the medication chart last until after the weekend? Y N n/a
- If applicable, are take-home prescriptions ordered? Y N n/a
- Are planned investigations ordered (including TPN bloods) ? Y N n/a

SIGNATURE(S) OF ALL DOCTOR(S) WHO ADD TO THE TRANSIT SHEET (MUST BE COMPLETED)

Include signature, surname, bleep number, grade, and team