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MGM NEW BOMBAY HOSPITAL, VASHI



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MR. KIRAN BHAGWAN TAWARE
UHID : MGM240017131 IPD : MGMIP2406720
Age/Sex : 56 Years / MDOA : 05/10/2024
BED : SICU-011 WARD : SICU
DR : DR. PRASHANT ATHALE

IN-HOUSE TRANSFER FORM

PART: A (To be filled in by Nursing Staff)

From (Area): 2W

To (Area): 28/10/24 - SW 5/B

Date of Transfer: 28/10/24

Time: 9.11 PM

PART B: (To be filled in by the Doctor)

Diagnosis: Perforated appendix - post op exploratory

Vital Signs:

Temp.: afebrile BP: 130/80 mmHg Pulse: 94/min RR: 20/min

Any Critical Investigation: _____

S. NO.	CHECK FOR	TRANSFERRING DOCTOR	RECEIVING DOCTOR (Confirm by ticking)
1.	RESPIRATORY (Breath Sounds)	<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Creptiation <input type="checkbox"/> Rhonchi	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2.	ABDOMEN	<input checked="" type="checkbox"/> Soft <input type="checkbox"/> Tender <input type="checkbox"/> Distended <input type="checkbox"/> Firm	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3.	HEART SOUND	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Feeble <input type="checkbox"/> Loud <input type="checkbox"/> Any other	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4.	CNS	Conscious: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Oriented: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Speech: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Slurred GCS Score: <u>E4 M6 V5</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5.	For Surgical Patients (If applicable)	Surgical Site: <u>Bilateral VAC</u> <input checked="" type="checkbox"/> Healthy <input type="checkbox"/> Soakage <u>Situ</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Patient Condition: ☒ Stable ☐ Sick- need urgent care

Any other significant finding: Monitor VAC

Doctor's Remarks (If any): _____

Name (Transferring Doctor): Dr. Sanuksha Name (Receiving Doctor): Dr. Neri

Signature: [Signature] Signature: [Signature]

Emp-Id: 6035 Emp-Id: 01624

Time: 9 PM Time: _____