

Adult Critical Care Transfer Check List

TRUST LOGO

TRANSFER RISK ASSESSMENT

The risk assessment is provided for guidance only. Other factors not listed may influence the perceived risk. It is the responsibility of the referring consultant to ensure that the transfer of a patient is managed safely.

LOW RISK	
Maintaining airway	FiO ₂ < 0.4
GCS ≥ 14	Temperature = 35°C – 38.5°C
TRANSFER BY COMPETENT NURSE	
MEDIUM RISK	
Maintaining airway	FiO ₂ < 0.6
GCS 9-13, but consider intubation, especially if fluctuating GCS	
Low to moderate dose cardiovascular support, e.g., Noradrenaline < 0.2 microgr/ kg/min	
Temperature >38.5°C or < 35°C	
TRANSFER BY COMPETENT PRACTITIONER ACCOMPANIED BY A DOCTOR / ACCP	
<i>If there is potential for the patient to deteriorate then doctor should have critical care and advanced airway skills</i>	
HIGH RISK	
Intubated and ventilated	FiO ₂ ≥ 0.6
Moderate to high dose cardiovascular support, e.g., Noradrenaline > 0.2 microgr/kg/min	
Ongoing blood loss	
Major trauma head / chest / abdominal / pelvic injury	
TRANSFER BY COMPETENT PRACTITIONER ACCOMPANIED BY A DOCTOR / ACCP WITH CRITICAL CARE AND ADVANCED AIRWAY COMPETENCIES	

WRITE OR ATTACH ADDRESSOGRAPH

Surname.....

Forenames.....

DOB dd / mm / yyyy Age.....

Hospital number.....

NHS number.....

Locate and book a bed (Consultant to Consultant) Book Transport using Ambulance Booking Proforma		
E	Equipment	<input type="checkbox"/> Establish on transfer ventilator <input type="checkbox"/> Oxygen cylinders levels check <input type="checkbox"/> Secure patient to the trolley <input type="checkbox"/> Full monitoring to ICS Standards <input type="checkbox"/> Emergency drugs and fluids available <input type="checkbox"/> Transfer bag checked <input type="checkbox"/> Consider spinal protection <input type="checkbox"/> Specialist equipment <input type="checkbox"/> Tracheostomy emergency equipment and spares inner tubes
S	Systemic Examination	<input type="checkbox"/> Full ABCDE assessment <input type="checkbox"/> Confirm airway secure <input type="checkbox"/> Two working accessible IV cannulas
C	Communication	<input type="checkbox"/> Transferring unit discharge summary <input type="checkbox"/> Inform patient and family <input type="checkbox"/> Confirm transfer, requirements and ETA with receiving unit <input type="checkbox"/> Mobile telephone available
O	Observations	<input type="checkbox"/> Commence transfer observation chart <input type="checkbox"/> Full set of observations recorded <input type="checkbox"/> Confirm patient stable for transfer
R	Recent Investigations	<input type="checkbox"/> Handover documentation complete <input type="checkbox"/> Recent investigation results, latest ABG <input type="checkbox"/> Transfer radiological images
T	Team	<input type="checkbox"/> Skill mix of transfer team appropriate <input type="checkbox"/> Protective clothing / high visibility jacket <input type="checkbox"/> Is it safe to leave the unit?

Person Arranging Transfer	
Unit Name	
Name	
Designation	
GMC/NMC/HCPC No	
Signature	

Person Accepting Transfer	
Unit Name	
Name	
Designation	
GMC/NMC/HCPC No	
Signature	

Transferring Team	
Doctor	
Name	
Designation	
GMC No	
Nurse / ODA / ACCP	
Name	
Designation	
NMC/HCPC No	

After Transfer	
<input type="checkbox"/> Team debrief <input type="checkbox"/> Restock/check transfer bag <input type="checkbox"/> Restock/check trolley	

Level of Risk	Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/>
Name	
Designation	
GMC/NMC/HCPC No	
Signature	
Date	Time

Complete Network Audit



Use QR code on smartphone or go to:

www.surveymonkey.com/r/NoECCN_Transfer_Audit_Adults

WRITE OR ATTACH ADDRESSOGRAPH			Transfer Details			
Surname _____			Transferring unit name			
Forenames _____			Recipient unit name			
DOB dd / mm / yyyy Age _____			Date of Admission to hospital			
Hospital number _____			Date of transfer			
NHS number _____			Departure time			
Transfer From	<input type="checkbox"/> Critical Care	Ward	<input type="checkbox"/> ED	<input type="checkbox"/> Other		
Reason for Transfer	<input type="checkbox"/> Upgrade of Care		<input type="checkbox"/> Non-clinical (no bed)		<input type="checkbox"/> Other	
	<input type="checkbox"/> Repatriation		<input type="checkbox"/> Non-clinical (no staff)			

HISTORY AND CLINICAL DETAILS							
Patient normal BP	/	mmHg	Pre-sedation GCS	/15	E	V	M
Allergies				Pupils	R	L	
Main reason for critical care admission				Size			
				Reactive			

Stabilisation time	Time Commenced	Time Ready to Transfer	
Ambulance Details	Job Number		
Time Ordered	Time Arrived Unit	Time Left Unit	Arrived at Destination

ABG when patient established on transfer ventilated prior to departure		
pH =	pO ₂ =	HCO ₃ =
Lactate =	pCO ₂ =	Base Excess =

Airway	Monitoring	
<input type="checkbox"/> Own airway <input type="checkbox"/> OETT size _____ length to lips _____ <input type="checkbox"/> Nasal ETT size _____ length to nostril _____ <input type="checkbox"/> Tracheostomy size _____ type _____	<input type="checkbox"/> SpO ₂ <input type="checkbox"/> ETCO ₂ <input type="checkbox"/> IABP <input type="checkbox"/> CVP	<input type="checkbox"/> ECG <input type="checkbox"/> NIBP <input type="checkbox"/> Temp <input type="checkbox"/> Other
Ventilation during transfer	Lines (size/location)	NG/OG tube (size /length)
<input type="checkbox"/> Spontaneous <input type="checkbox"/> Mechanical <input type="checkbox"/> Manual	<input type="checkbox"/> Peripheral <input type="checkbox"/> Arterial <input type="checkbox"/> Central	Drains (type/location)
Mode FiO ₂ Peak Pressure Volume (V _T) Plateau Pressure RR PEEP Ratio		

Known Infection Risks

Transfer Observation Chart

Time	Drugs																	
MONITORING																		
	SpO ₂																	SaO ₂
	ETCO ₂																	ETCO ₂
	200																	200
	190																	190
	180																	180
	170																	170
	160																	160
	150																	150
	140																	140
	130																	130
	120																	120
	110																	110
	100																	100
	90																	90
	80																	80
	70																	70
	60																	60
	50																	50
FLUIDS																		
	Urine Output																	
Please list any precautions taken for spine protection at any level																		
Transfer Doctor Comments / Incidents (to be reported to Trust / NoECCN)																		
Signature of Escorting Doctor															GMC no.			
Receiving Doctor Comments / Incidents (to be reported to Trust / NoECCN)																		
Signature of Escorting Doctor															GMC no.			