



<b>Adult Critical Care C2 Transfer Request Proforma (NHS)</b>	
Patient name	
Patient number	
Consultant requesting transfer	
<b>Identify and confirm bed with receiving hospital and receiving Consultant</b>	
Hospital	
Unit	
Consultant	
When the patient is stable on the transfer trolley inform NEAS that you need a Critical Care transfer 0191 4143144	
"This is a Critical Care Transfer using the Transfer Trolley requiring a R1 response. A paramedic crew is not required"	
Dispatch NEAS job number	
Time	
Person requesting the ambulance name	
Operator name	
Referring Department	
Picking up point	
Receiving Hospital	
Receiving Department	
Name of Patient	
Main diagnosis	
Staff accompanying patient	
How much oxygen is required	
Ambulance arrived time	
<b>Ambulance Delayed – Follow-up Calls</b>	
Time	
Person requesting ambulance	
Speak to duty manager name	
Problem / ETA	
Time	
Person requesting ambulance	
Speak to duty manager name	
Problem / ETA	