



### Adult Critical Care C2 Transfer Request Proforma

<b>Patient name</b>	
<b>Patient Number</b>	
<b>Consultant Requesting transfer</b>	

#### Identify and confirm bed with receiving hospital and receiving Consultant

<b>Hospital:</b>	
<b>Unit:</b>	
<b>Consultant:</b>	

**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 C2 response.**

**A paramedic crew is not required”**

<b>Dispatch NEAS job number:</b>	
<b>Time:</b>	
<b>Person Requesting Ambulance</b>	<b>Name:</b>
<b>Operator</b>	<b>Name:</b>
Referring Department	
Picking up point	
Receiving Hospital	
Receiving Department	
Name of Patient	
Principle diagnosis	
Who is accompanying the patient.	
How much Oxygen is required	
<b>Ambulance Arrived:</b>	<b>Time:</b>

#### Ambulance Delayed – Follow-up Calls

<b>Time:</b>	
<b>Person Requesting Ambulance</b>	<b>Name:</b>
<b>Speak to Duty Manager</b>	<b>Name:</b>

Problem - ETA

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<b>Time:</b>	
<b>Person Requesting Ambulance</b>	<b>Name:</b>
<b>Operator</b>	<b>Name:</b>

Problem - ETA

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