Greater Manchester Critical Care Network

Checklist for Intra Hospital Critical Care transfers

1. Preparation

Patient fit for transfer (Y/N)	
IV access for radiocontrast agent available if required (Y)	
Transfer trained medical and qualified nursing or ODP staff available	
Case notes, investigations, renal function for contrast, safety questionnaire for MRI available	
Patient and/or relatives informed	
Destination aware and ready	

2. Patient Check

Airway and C-Spine		**Disability**	
Airway safe /secure (cm at teeth checked)		Seizures controlled	
ETT / Tracheostomy position confirmed		ICP managed	
C-Spine protected		Sedation +/- Paralysis	
Check: Is log-rolling required		**Exposure / Metabolic**	
NGT in position. NG feed stopped/aspirated		Temperature maintained	
Breathing		Urinary catheter checked	
Ventilation established		Glucose > 4 mmol/l	
Arterial blood gas checked		Insulin: consider discontinuing or give IV Glucose 10% infusion. Ensure blood glucose monitoring available	
Capnography in use			
Bilateral breath sounds		Potassium < 6 mmols	
Chest drains secure/ HMEF in place			
Circulation		**Monitoring**	
Adequate vasopressors/inotropes available		ECG, BP, $Sa0_2$, $ETC0_2$	
Adequate IV access		Indwelling lines, tubes, secure/accessible	
A-Line + CVC working and zeroed		Batteries charged and spare available	

3. Immediate Pre-Departure Time Out *Read aloud with all transfer team members present*

Introductions of staff completed	
Patient stable and monitoring in place	
Transfer bag checked	
Emergency airway equipment available	
Oxygen & batteries adequate	
Intra-venous access established and checked	
Non-essential infusions stopped	
Infusions running and secure	
Spare sedatives / vasopressors / inotropes / fluids/ syringe drivers available	
Blankets / heat-loss measures in place	
Moving and handling plan in place	
Destination informed of departure	

4. Completion of Transfer

Handover	
Patient established on ventilator with capnography in place	
Infusions and monitoring transferred	
Equipment and drugs restocked	
Clinical note made to document an intra hospital transfer has occurred; patient safety incident completed if required, your log book updated	

INTRA HOSPITAL TRANSFER FORM

Patient Details

Name:
DOB:
Hospital Number:
Allergy:
HCAI:
Radiocontrast Contraindication: Y N

Transfer Details

Date:
Transferring Unit:
Destination:
Reason for Transfer:

Checklist Used: Y N

Escorting Personnel

Doctor Name:
Doctor GMC No:
Nurse Name:
ODP Name:

Monitoring (please circle)

ECG/$Sp0_2$/NIBP/IABP/CVP
FiO_2/$ETCO_2$
Temp
Urine/Drains/NG Other:_____

Transfer Ventilator

Spont/Manual/Mechanical Ventilation
Mode: Model:
P insp: PEEP:
VT: RR:

Airway (please circle)

Facemask
CPAP
ETT/Tracheostomy Size:_____
Other _____

Lines and Drains

PVC: Size_____ Site _____
CVC: Site _____
Arterial: Site _____
Drains: Type Site _____

Disability

Eye Protection _____
C Spine Protection _____
GCS E ____ V____ M ____
Pupils L ____ R____

Time																							
200																							
180																							
160																							
140																							
120																							
100																							
80																							
60																							
40																							
SpO_2																							
FiO_2																							
$ETCO_2$																							
Other																							
Fluid/Drug																							

Comments/Critical Incidents- ensure any critical incidents reported post transfer

(Only record observations if safe to do so!- not whilst walking)