

**Checklist for Critical Care Transfers
In Transferring Hospital:**

OUT

1. Preparation		
Patient fit for transfer		
Transfer trained medical and qualified nursing or ODP staff available		
Infection prevention and control issues identified and communicated to receiving team		
Bed confirmed at destination		
Named accepting speciality consultant and critical care consultant identified		
Case notes and investigations photocopied or printed		
Patient and/or relatives informed		
Patient valuables secured		
Ambulance service contacted, appropriate personnel & vehicle for transfer trolley confirmed		
Destination hospital and department location confirmed		
2. Patient Checks		
Airway		Disability
Safe and secure		Seizures controlled
ETT/tracheostomy position confirmed		ICP managed
NGT in position		Sedation +/- Paralysis
Breathing		Exposure / Metabolic
Ventilation established		Temperature maintained
Arterial blood gas checked		Urinary catheter checked
Capnography in use		Glucose > 4mmol/l
Bilateral breath sounds		Potassium < 6, Ionised calcium > 1mmol/l
HMEF		Monitoring
Circulation		ECG, BP, SaO2, ETCO2
CVC stable		Indwelling lines, tubes secure/accessible
Hb adequate		Trauma
Minimum two routes of IV access		C-Spine stable/ protected
A-Line + CVC working and zeroed		Pneumothoraces drained
Blood for transfer checked		Thoracic/Abdominal bleeding controlled
		Long bone/pelvic fractures stabilised
3. Immediate Pre-departure Time Out <i>Read aloud with all transfer team members present, including paramedics</i>		
Introductions of staff completed		
Patient stable on transfer trolley and monitoring in place		
Emergency airway equipment available		
Oxygen & batteries adequate (use ambulance oxygen & electrics)		
Intra-venous access established and checked		
Infusions running and secure		
Spare sedatives/vasopressors/inotropes/fluids available as required		
Blankets/heat loss measures in place		
Pressure points protected		
Transferring & receiving unit phone numbers available (mobile phone)		
Specific potential problems and how we manage them		
Receiving unit informed of departure		
Directions to destination department and hospital known		

Checklist at Receiving Hospital

IN

Transfer of care/handover for patient coming from another hospital:

1. Before moving patient and introductions	
All staff to introduce themselves (accepting and transferring teams, name and role)	<input type="checkbox"/>
Introductions complete?	<input type="checkbox"/>
Who will control airway and supervise transfer?	<input type="checkbox"/>
Any immediate concerns? What infusions are running? What are ventilator settings?	<input type="checkbox"/>
Will ventilator tubing and lines reach?	<input type="checkbox"/>
Move the patient under direction of the airway supervisor. Then:	
2. Handover Procedures	
Patient established on ventilator with capnography in place?	<input type="checkbox"/>
Infusions transferred to receiving unit's pumps?	<input type="checkbox"/>
Monitoring transferred?	<input type="checkbox"/>
3. Handovers (All staff listen to both handovers)	
Medical Handover	
History current problem and mechanism of injury	<input type="checkbox"/>
Airway or ventilation problems	<input type="checkbox"/>
Interventions during resuscitation and transfer and any problems	<input type="checkbox"/>
Current medications	<input type="checkbox"/>
Tubes and lines	<input type="checkbox"/>
Wounds and drains	<input type="checkbox"/>
Past medical history as known	<input type="checkbox"/>
Allergies and previous medications as known	<input type="checkbox"/>
Other problems/issues for handover	<input type="checkbox"/>
Nursing Handover	
Pressure areas/tissue viability	<input type="checkbox"/>
Property	<input type="checkbox"/>
Religious/spiritual needs	<input type="checkbox"/>
Relative information handed over	<input type="checkbox"/>
Documentation and case notes handed over	<input type="checkbox"/>
Check after handover procedures complete	<input type="checkbox"/>
Patient belongings off-loaded	<input type="checkbox"/>
Transfer equipment re-loaded	<input type="checkbox"/>
Is bed head airway sign completed and allergies recorded?	<input type="checkbox"/>
4. Information about transfer: transferring and receiving doctors:	
Both check the transfer form for completeness - dates and times and other boxes before signing.	<input type="checkbox"/>
Please send yellow copy of the transfer form to GMCCN, Regus, 3000 Aviator Way, Wythenshawe, Manchester, M22 5TG	<input type="checkbox"/>

Comments to CCN.Transfer@mft.nhs.uk