**Adult Transfer@Embrace: Transfer Request Form**

To be submitted to [embrace.transport@nhs.net](mailto:embrace.transport@nhs.net) by 10.00 daily.

|  |  |
| --- | --- |
| **Date** |  |
| **Patient Name** |  |
| **Date of Birth** |  |
| **NHS NUMBER** |  |
| **Current Location (Referring Trust / Unit)** |  |
| **Contact Number**  **(Direct Dial)** |  |
| **Agreed destination**  **(Receiving Trust /Unit)** |  |
| **Contact Number**  **(Direct Dial)** |  |
| **ODN Approval** | Yes / No |
| **Name of person Completing Form** |  |
| **Signature** |  |

**Clinical Details.**

**Allergy Status**

Please record patient’s current status.

|  |  |  |
| --- | --- | --- |
|  | **Record Details** | **Notes:** |
| **Weight** |  | ≤120kg |
| **COVID status** |  | Positive  Negative (within last 24 hours) |
| **Airway**  **(Adequately secured for transport)** |  | Intubated / tracheostomy |
| **Breathing** | FiO2  Sao2  Ventilation mode  PIP  PEEP | FiO2 ≤0.8; SaO2 ≥90%  PIP <35; PEEP ≤12, stable trajectory |
| **Recent blood Gas** | pH  PaCo2  Pao2  Bicarb  BE  Lactate |  |
| **Circulation** | HR  Rhythm  BP | HR ≤120 |
| **Intravenous access** |  | Minimum x2 points of access |
| **inotrope / Vasopressor** |  | Stable vasopressor requirement  ≤.75 mcg/kg/min Noradrenaline |
| **Sedative agents** |  |  |
| **Muscle relaxant** |  |  |
| **RRT or speciality input required** |  | If required must be discussed in advance. |
| **Source isolation required** |  | Detail infection risk |
| **2 name bands in situ** | Yes /No |  |
| **Patient property** | Bagged / Ready for transfer |  |
| **Next of kin** |  | Aware of transfer |

**Please have handover documentation completed when team arrive including**

**Copy of: Relevant patient notes / Drug chart / Blood results / Relevant microbiology reports**

**Please arrange for relevant imaging to imaging electronically transferred to receiving hospital**.