

## Information Sheet for Patient Transfer from ICU to ICU



West Yorkshire  
Critical Care & Major Trauma  
Operational Delivery Networks

<b>Patient ID Label</b>		<b>Preferred Name</b>	
<b>Name</b>		<b>Age</b>	
<b>DOB</b>		<b>Gender</b>	
<b>NHS Number</b>		<b>Religion</b>	
<b>Hospital Number</b>		<b>Preferred Language</b>	

<b>Hospital Admission date</b>	
<b>ICU/HDU Admission date</b>	
<b>DOB</b>	
<b>Consultant</b>	

<b>Contact Details</b>	<b>First Contact</b>	<b>Second Contact</b>
Name		
Relationship to patient		
Address		
Contact Number		
Past Medical History		
Allergies		
Diagnosis		
Infection Status		
Antibiotics		
Summary of Critical Care Admission		
Social Issues		
DNACPR form completed	YES/NO	If yes, date of last review

Airway		Disability	
EIT/Tracheostomy	<i>Please circle</i>	Pre sedation GCS	
Size		Sedated	
Type of tube		RASS Score	
Length at lips		CAM-ICU	
Date of Intubation		Pupil Size/Reaction	L   R
Grade of Intubation		Pain Score	
Date of last tube change		Blood Sugar	
		Sliding Scale	
		Wounds	

Breathing	
Ventilation mode	
Respiratory/Ventilator Rate	
FiO <sub>2</sub>	
PEEP	
Pressure Support	
Tidal Volume	
Target SaO <sub>2</sub>	
Secretions	
Nebulisers	Yes/No

Exposure	
Temperature	
Enteral/Parental Nutrition (Type of feed)	
Rate of feed	
Bowels last opened	
Type of stool	
Skin Assessment	

Circulation	
Heart Rate/Rhythm	
Blood Pressure	
Target MAP	
Inotropes	
Urine output over last 4 hours	
Renal Replacement Therapy	Yes/No
Secretions	
Nebulisers	

Additional Information	

Indwelling Devices			
Device	Date of Insertion	Site	Comments
Arterial Line			
CVC			
Vascular Catheter			
Peripheral Cannula 1			
Peripheral Cannula 2			
NG/NJ			
Urinary Catheter			
Faecal Management			
Drain 1			
Drain 2			
Other			

Nurse Completing (print name)		Nurse Handing Over (print name)		Nurse Accepting patient (print name)	
Signature	Date	Signature	Date	Signature	Date