Intra-Hospital Transfer Form

Transfer Details
Hospital
Transfer from (Unit / Department)
Transfer to (Location / Department)
Reason for ICU admission
Reasons for transfer
Final destination (if different to above)
Risk Assessment NB. Risk assessment is to some extent subjective and other factors not listed may influence the perceived risk. The risk tool is provided for guidance only. It is the consultants responsibility to ensure that the transfer is appropriate and that the transferring team have the necessary skills required.
Low Risk: ☐ News 1-4 Maintaining Airway FiO ₂ < 0.4 / Base deficit 0 to -4mmol/l Not requiring inotropes / vasopressor support GCS > 14 Normothermic
Medium Risk ☐ NEWS 5-6 Maintaining airway FiO ₂ < 0.4— 0.6 / Base deficit -4 to -8 mmol/l Low dose inotrope / vasopressor support < 0.2ug/kg/min GCS 9-13 (consider elective intubation) Hypo / Hyperthermic
High Risk ☐ NEWS 7 or more Intubated / ventilated FiO ₂ > 0.6 Base deficit worse than -8mmol CVS unstable and / or requiring inotrope / vasopressor support > 0.2ug/kg/min Hypo / Hyperthermic Major trauma e.g. head /chest /abdominal / pelvic injuries
Level of Care required L1 L2 L3 L3
Transferring Personnel
Doctor (Name)GradeGrade

Nurse (Name)...... Grade...... Grade....

Other (Name)......GradeGrade



Surnam	Details (patient e	Date of Birth
irst na	me	NHS number
Address	5	
Transfe	er Timings	Date Time
Depart	ure from Unit	
Arrival	at destination	
	to unit /Arrival a	
	Intra Hospita	l Critical Care Transfer Checklist
E	Equipment	
S	Systematic	 ♦ Full ABCDE assessment ♦ Confirm airway, lines & drains secured ♦ Working IV access, & infusions rationalised ♦ Consider ceasing enteral feeding
С	Communication	 ♦ Inform patient & family if appropriate ♦ Confirm transfer with receiving department ♦ Mobile telephone available
0	Observation	⋄ Confirm patient stable for transfer ⋄ Commence intra hospital transfer charting ⋄ Full set of initial observations recorded
R	Recent Investigations	 ◇ Recent investigation results available ◇ ABG reviewed once established on transport ventilator
Т	Team	 ♦ Introductions & roles allocated ♦ Skill mix of transfer team appropriate ♦ Is the unit safe to leave?

Critical Incident during transfer Yes □ No □ (provide details)

Incident Ref Number

Details recorded in patient notes: YES

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IBI	CHEST	URI	CENTRAL VENOUS PRESSURE	BLOO										• •	←	RATE	PULSE	BP AND A				ValdSBB		TIDAL VO	PEAK AIRWAY PRESSURE										RASS SCORE		LEFT		RIGHT	None	None	None	_		V	٧			
TEMPERATURE	CHEST DRAINAGE	URINE OUTPUT	JS PRESSURE	GLUCOSE	20	30 1	40	5 8	70	80	90	100	110	120	130	140	150	160	170	180 98	100	RESPIRATORY RATE	SpO ₂	TIDAL VOLUME (mls)	Y PRESSURE	ETCO,	FiO,	_	 -					_	ORE	REACTION	SIZE	REACTION	SIZE	Extension	Incomprehensive	To pain	2	GCS TOTAL (3-15)	MOTOR (1-6)	VERBAL (1-5)	EYES (1-4)	TIME	inghaming or con-
																<u> </u>												+	<u> </u>					+						Abnormal	Inappropriate	To Speech	w						
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											+					+												<u> </u>	+					+	+					Obeys Commands			6						educing course
							Notes or Additional Comm		Debriet Rest		Post +			─ Vascath		Central (CVP)	Peripheral Line		Intra-osseous	Vascular Access Devices						PEEP	(a)	Peak Airway Pressure		110 ₂ (111dx)	Fin (max)	Invasive Ventilation	CTAT / NIV		Oxygen (FM / NC)	Ventilation					lacileostolly lube		Length at libs	000000000000000000000000000000000000000	Endotracheal Tube	9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Maintaining own airway	Airway	_
				Notes or Additional Comments BLOOD GLUCOSE Notes or Additional Comments		ents		Debrief Restock Recharge	f Doctook Dockowo	Canafor			Type / Eocation	Type / Location	Drains		Length	NG / NJ LUDE	+	Tubes						(Allergies			:	Infection Status					Intracranial pressure	Oxygen saturation		ETCO ₂		CVP		Arterial BP	NBC	,	ECG	14101111011116	Monitoring	