

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)

Patient Details (patient sticker)

Surname..... Date of Birth.....

First name..... NHS number.....

Address

Transfer Timings

Date

Time

Departure from Unit

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Arrival at destination

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Return to unit /Arrival at

final destination (if different)

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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

FiO₂ < 0.4 / Base deficit 0 to -4mmol/l

Not requiring inotropes / vasopressor support

GCS > 14

Normothermic

Medium Risk

NEWS 5-6

Maintaining airway

FiO₂ < 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

FiO₂ > 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

Intra Hospital Critical Care Transfer Checklist

E	Equipment	<ul style="list-style-type: none"> ◇ Emergency airway equipment available ◇ Suction equipment checked & available ◇ Oxygen cylinders checked & 2x anticipated amount required available ◇ Establish on checked transport ventilator ◇ Infusion pumps charged & sufficient Infusions prepared ◇ Full monitoring to ICS standards ◇ Emergency drugs & fluids available ◇ Transfer bag checked & complete ◇ Consider spinal protection & specialist equipment available
S	Systematic	<ul style="list-style-type: none"> ◇ Full ABCDE assessment ◇ Confirm airway, lines & drains secured ◇ Working IV access, & infusions rationalised ◇ Consider ceasing enteral feeding
C	Communication	<ul style="list-style-type: none"> ◇ Inform patient & family if appropriate ◇ Confirm transfer with receiving department ◇ Mobile telephone available
O	Observation	<ul style="list-style-type: none"> ◇ Confirm patient stable for transfer ◇ Commence intra hospital transfer charting ◇ Full set of initial observations recorded
R	Recent Investigations	<ul style="list-style-type: none"> ◇ Recent investigation results available ◇ ABG reviewed once established on transport ventilator
T	Team	<ul style="list-style-type: none"> ◇ Introductions & roles allocated ◇ Skill mix of transfer team appropriate ◇ Is the unit safe to leave?

Level of Care required L1 L2 L3

Transferring Personnel

Doctor (Name).....Grade.....

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

Other (Name).....Grade

Critical Incident during transfer Yes No (provide details)

Details recorded in patient notes : YES

Incident Ref Number

