

## Checklist for Critical Care Transfers

OUT

### In Transferring Hospital:

| <b>1. Preparation</b>   |   |
|---|---|
| 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                                     |   |
| DNACPR - If yes, form available   |   |
| 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  |   |
| <b>2. Patient Checks</b>  |   |
| <b>Airway</b>   |   |
| Safe and secure   | <input checked="" type="checkbox"/> Seizures controlled                           |
| ETT/tracheostomy position confirmed   | <input type="checkbox"/> ICP managed  |
| NGT in position   | <input checked="" type="checkbox"/> Sedation +/- Paralysis                        |
| <b>Breathing</b>  |   |
| Ventilation established   | <input checked="" type="checkbox"/> Temperature maintained                        |
| Arterial blood gas checked  | <input type="checkbox"/> Urinary catheter checked                                 |
| Capnography in use  | <input checked="" type="checkbox"/> Glucose > 4mmol/l                             |
| Bilateral breath sounds   | <input type="checkbox"/> Potassium < 6, Ionised calcium > 1mmol/l                 |
| HMEF  | <input checked="" type="checkbox"/> Monitoring                                    |
| <b>Circulation</b>  |   |
| CVC stable  | <input checked="" type="checkbox"/> ECG, BP, SaO <sub>2</sub> , ETCO <sub>2</sub> |
| Hb adequate   | <input checked="" type="checkbox"/> Indwelling lines, tubes secure/accessible     |
| Minimum two routes of IV access   | <input checked="" type="checkbox"/> Trauma  |
| A-Line + CVC working and zeroed   | <input checked="" type="checkbox"/> C-Spine stable/ protected                     |
| Blood for transfer checked  | <input checked="" type="checkbox"/> Pneumothoraces drained                        |
|   | <input checked="" type="checkbox"/> Thoracic/Abdominal bleeding controlled        |
|   | <input checked="" type="checkbox"/> Long bone/pelvic fractures stabilised         |
| <b>3. Immediate Pre-departure Time Out</b> <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 including videolaryngoscope if required  |   |
| 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:

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