

Checklist for Critical Care Transfers

OUT

In Transferring Hospital:

1. Preparation			
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			
2. Patient Checks			
Airway		Disability	
Safe and secure		Seizures controlled	
ETT/tracheostomy position confirmed		ICP managed	
NGT in position		Sedation +/- Paralysis	
Breathing		Exposure / Metabolic	
Ventilation established		Temperature maintained	
Arterial blood gas checked		Urinary catheter checked	
Capnography in use		Glucose > 4mmol/l	
Bilateral breath sounds		Potassium < 6, Ionised calcium > 1mmol/l	
HMEF		Monitoring	
Circulation		ECG, BP, SaO2, ETCO2	
CVC stable		Indwelling lines, tubes secure/accessible	
Hb adequate		Trauma	
Minimum two routes of IV access		C-Spine stable/ protected	
A-Line + CVC working and zeroed		Pneumothoraces drained	
Blood for transfer checked		Thoracic/Abdominal bleeding controlled	
		Long bone/pelvic fractures stabilised	
3. Immediate Pre-departure Time Out <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:

1. Before moving patient and introductions	
All staff to introduce themselves (accepting and transferring teams, name and role)	
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?	
Move the patient under direction of the airway supervisor. Then:	
2. Handover Procedures	
Patient established on ventilator with capnography in place?	
Infusions transferred to receiving unit's pumps?	
Monitoring transferred?	
3. Handovers (All staff listen to both handovers)	
Medical Handover	
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	
Nursing Handover	
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?	
4. Information about transfer: transferring and receiving doctors:	
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	