

Checklist for Critical Care transfers

In transferring hospital:

1. Preparation

Patient fit for transfer	
Transfer trained medical and qualified nursing or ODP staff available	
Bed confirmed at destination	
Named accepting specialty 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 and vehicle for transfer trolley en-route	
Destination hospital and department location confirmed	

2. Patient Checks

Airway

Safe and secure
ETT / Tracheostomy position confirmed
NGT in position

Disability

Seizures controlled
ICP managed
Sedation +/- Paralysis

Breathing

Ventilation established
Arterial blood gas checked
Capnography in use
Bilateral breath sounds
Chest drains secure
HMEF

Exposure / Metabolic

Temperature maintained
Urinary catheter checked
Glucose > 4 mmol/l
Potassium < 6, Ionised calcium > 1mmol/l

Circulation

CVS stable
Hb adequate
Minimum two routes of IV access
A-Line + CVC working and zeroed
Blood for transfer checked

Monitoring

ECG, BP, SaO2, ETCO2
Indwelling lines, tubes, secure/accessible

Trauma

C-Spine stable/ protected
Pneumothoraces drained
Thoracic /Abdominal bleeding controlled
Long bone/pelvic fractures stabilised

3. Immediate Pre-Departure Time Out *Read aloud with all transfer team members*

present, including paramedics

Introductions of staff completed	
Patient stable on transfer trolley and monitoring in place	
Emergency airway equipment available	
Oxygen & batteries adequate (use ambulance oxygen and 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	
Mobile telephone available	
Transferring & receiving unit phone numbers available	
Receiving unit informed of departure	
Directions to destination department at receiving hospital known	

Transfer Checklist

At Receiving Hospital: Transfer of Care/ Handover for patient coming from another hospital

Before moving patient and introductions:

All staff to introduce themselves (accepting and transfer 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. Procedures

Handover procedures

Patient established on ventilator with capnography in place?	
Infusions transferred to receiving unit's pumps?	
Monitoring transferred?	

3. Handovers (All staff to 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 & 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?	

Information about transfer: Transferring and receiving doctors:

Has an Email been is sent to: CCN.transfer@cmft.nhs.uk to inform of date, transferring unit and receiving unit BEFORE transfer team leave unit.

Both check the transfer form for completeness- dates and times and other boxes before signing- send middle copy to network if text not copied to bottom form

Comments to l.coleman@doctors.org.uk . June 2016 version 3.1 TT