Salford and Bury Intra-Hospital Transfer Checklist

Timeout: Pre departure checks

Reason: Is the reason for transfer still appropriate. Has the scan been requested and vetted?

Timing:
Does the transfer need to be done now?
Does unit activity allow for safe transfer of the patient?

Team:
Transfer competent personnel
Doctor/ACCP
Nurse
Are any other people required?

Risk:
Has a risk assessment been completed?

A consultant or practitioner with advanced critical care capabilities (capable of undertaking a high-risk transfer) must assess the risk of any transfer of a critically ill patient

Time out – Immediate pre-departure checklist "TESCO"

Team: Introductions by name and role, is the rest of the unit safe for transfer to occur?

Equipment: Full check (overleaf) completed? Any issues?

Systematic Examination: Full patient check (overleaf) completed? Any issues or deterioration? Working intravenous access for contrast (if required)?

Communication: Destination ready and informed of departure? Patient and relatives aware (if appropriate)?

Observations: Full set of observations prior to departure, patient wristband present

Post Procedure:

Patient
- Established on CCU ventilator
- Capnography confirmed
- Monitoring and infusions transferred onto bedside equipment

Equipment:
- Restock/dispose of drugs
- Clean transfer equipment.
- Ensure equipment plugged in and charging.

Documentation
- Complete documentation on EPR using acronym expander #tf, (Import from other user Dr Fiona Wallace).
- Was there a critical incident, e.g. equipment failure or accidental device removal? If so, please complete a DATIX.

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Getting the patient ready for transfer – does not need to be completed by transferring team

Equipment checks – any competent critical care nurse	
Transfer bag checked or sealed?	
Is PPE required?	
Airway equipment available (+- equipment for difficult airway)?	
Transfer ventilator checks completed? HME in place?	
Adequate oxygen for transfer? Both oxygen cylinders at least ¾ full?	
Stop any non-essential infusions For all infusions continuing – is there adequate drug left in syringe plus spare? Emergency drug box	
Stop feed and insulin if appropriate, aspirate NG	
ECG, NIBP or IABP, SaO2, ETCO2, (temperature) continuously monitored All invasive lines zeroed All indwelling lines and drains secured? Clamps available (do not routinely clamp) ICP displayed? EVD at prescribed height? Person allocated to clamp/unclamp EVD?	
Portable suction clean and working	
All battery operated equipment (monitor, pumps, ventilator, suction) charged Spare batteries and power supply cables available	
Blankets/heat-loss measures in place as appropriate	
MR checklist complete if required	

Patient checks – any competent Doctor/ACCP	
Airway and C-spine	
Airway secured? Difficult airway? ETT distance at teeth (observed/recorded)	
Spinal precautions required/in place	
Breathing	
Established on transfer ventilator/ABG checked	
Capnography working	
Chest drains appropriately positioned/secure	
Circulation	
Haemodynamically stable Spare vasopressors/inotropes	
Adequate/secure IV access/consider contrast	
Disability	
Sedation +- neuromuscular blockade	
Seizures controlled? Pupil size/reactivity?	
ICP acceptable? Plan to treat raised ICP? Will the patient tolerate lying flat?	
EVD at prescribed height	
Exposure/metabolic	
Glucose >4mmol/l	
Feed and insulin stopped	
Potassium, BE and lactate reviewed	
Temperature normal?	
Monitoring	
ECG, BP, SaO2, ETCO2 - all working	
Emergency drugs prepared	
Check allergies and wristband	