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| Cheshire and Mersey Critical Care Network  **INTRA HOSPITAL TRANSFER FORM** | **Patient details** | | | | | | | | | | | | **Transfer details (including times)** | | | | | | | | | | | | | |
| Name: DOB:  Hospital No: | | | | | | | | | | | | Diagnosis and Indication: From:  To (& including): | | | | | | | | | | | | | |
| **Escorting Personnel (including grade)** | | | | | | | | | | | | **Monitoring (circle)** | | | | | | | | | | | | | |
| Doctor/ANP: (Formally trained: Y/N)  Nurse:  ODP: | | | | | | | | | | | | ECG / SpO2 / NIBP IABP  ETCO2 / Fi02 TEMP  Other: | | | | | | | | | | | | | |
| **Transfer Ventilator** | | | | | | | | | | | | **Airway (circle)** | | | | | | | | | | | | | |
| Model Mode Time on  Pinsp VT PEEP | | | | | | | | | | | | ETT (size) CPAP Face Mask  Tracheostomy Other | | | | | | | | | | | | | |
| **Lines / Sites / Drains** | | | | | | | | | | | | Eyes protected CSPINE Protected | | | | | | | | | | | | | |
| **Time** | |  | | | | | |  | | | | | |  | | | | | |  | | | | | |
| **200**  **180**  **160 140 120 80**  **60**  **40** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **SpO2** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **ETCO2** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **FiO2** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Fluids/Drugs |  |  | | | | | | | | | | | | | | | | | | | | | | | |
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| URINE |  | | | | | | | | | | | | | | | | | | | | | | | |
| **Critical Incidents** | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Transfer Checklist** | | | | | | |
| **Stable for transfer** (\*where possible) **Decision to transfer when unstable taken by:** | | | | | | |
| **Airway** | Secure / safe | | | **Trauma** | C-Spine stable/protected | |
| ETT position confirmed | | | Pneumothoraces drained | |
| **Ventilation** | Sedated/paralysed/ventilated | | | Intra-abdominal bleeding controlled\* | |
| Established on transfer ventilator | | | Intra-thoracic bleeding controlled\* | |
| ABG on ventilator (attach) | | | Adequate investigation of injuries | |
| ABG post transfer (attach) | | | Long bone/pelvic fractures stabilised | |
| **Circulation** | CVS stable\* | | | **Metabolic** | Glucose >4mmol/L | |
| Adequate haemoglobin | | | Potassium <6mmol/L | |
| Adequate IV access | | | Ionised calcium >1mmol/L | |
| Arterial/central lines sited and secure | | |  | Temperature maintained | |
| **Neurology** | Seizures controlled | | | **Misc.** | Group & save (where needed) | |
| ICP managed | | |  |  | |
| **Ready for departure** | | | | | | |
| **Patient** | Stable on trolley/bed | | | **Equipment** | Emergency drugs | |
| Appropriate monitoring | | | Batteries | |
| All infusions running/secure | | | Sufficient O2 supplies | |
| Peripheral IV access for contrast | | | Notes/investigations available | |
| **Staff** | Adequate training and experience | | | **Organisation** | Destination aware and ready | |
| Appropriate handover | | | Relatives informed | |
| **Monitoring (please tick)** | | | | | | |
| **ECG** |  | | | **Temperature** |  | |
| **Blood pressure** |  | | | **Drains** |  | |
| **Oxygen Saturation** |  | | | **NG tube** |  | |
| **End tidal CO2** |  | | | **Urinary catheter** |  | |
| **Notes** | | | | | | |
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| **Signature** | |  | **Date** | | |  |
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