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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 IABPETCO2 / Fi02 TEMPOther: |
| **Transfer Ventilator** | **Airway (circle)** |
| Model Mode Time onPinsp VT PEEP | ETT (size) CPAP Face MaskTracheostomy 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** |  |
| **Bleep** |  | **Time** |  |