



INTRA HOSPITAL TRANSFER FORM

level 2 or 3 patients

BEFORE DEPARTURE...

Affix sticker/ write details
Name: _____
DOB: _____
Hospital No: _____

Consultant _____
Informed?
Consent form required?
ALLERGY No Yes
Details _____

Date: __/__/__

- Immediate <1 hour
- Emergency <6 hours
- Urgent < 24 hours
- Scheduled



- Own
- ETT Tracheostomy
- Intubation grade __
- Tube size __ length __



- FiO2 .__
- Ventilation type _____
- Ventilation mode _____



- Peripheral lines __G __G
- Left Right Arterial line
- Left Right Central line
- IABP Pacemaker/ ICD

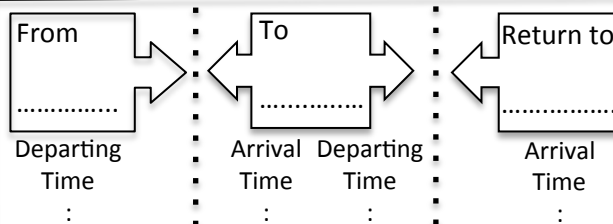


GCS: __ (E __ V __ M __)
Pupils L __ R __ (size/ reactivity)
 Sedation Analgesia



- Oxygen cylinders
- Suction
- Monitor with ETCO₂
- Defibrillator if appropriate
- Transfer bag checked
- Emergency drugs
- Drug infusions:
 - 1 _____ rate _____
 - 2 _____ rate _____
 - 3 _____ rate _____
 - 4 _____ rate _____
- Spare infusion drugs
- Fluid/ blood available as needed
- Chest drain management
- ICP bolt EVD
- Need for isolation?
- Resistant organism _____

DURING TRANSFER...



TIME:				
SpO ₂				
ETCO ₂				
RR				
180				
160				
HR				
•				
BP				
∇				
120				
100				
80				
60				
40				

Changes in patient management during transfer:

AFTER TRANSFER...

Uneventful transfer: Yes No

Any Problems? Yes No

Type of problem:

- Respiratory
- Circulatory
- Neurological
- Drug related
- Equipment problem
- Organisational
- Trauma/ injury
- Battery failure
- Change in patient's condition

Details:

Incident form completed: Yes No

Datix reference number _____

ESCORTING PERSONNEL

Names and grades

Formally transfer trained? Yes No

Signature:

