

Escorting Dr _____

Destination _____

Hospital no _____

Surname _____

Date _____

1 Who?

NHS/Hospital/AE number _____ Address _____
 Post code _____

Name _____

Date of Birth ____/____/____ Age _____

Next of Kin _____
 Phone _____

Male Female

2 Where?

Referring	Receiving
Hospital _____	Hospital _____
From <input type="checkbox"/> Ward <input type="checkbox"/> Theatre <input type="checkbox"/> ICU <input type="checkbox"/> HDU <input type="checkbox"/> A&E Other _____	To <input type="checkbox"/> XRay <input type="checkbox"/> Theatre <input type="checkbox"/> ICU <input type="checkbox"/> HDU <input type="checkbox"/> A&E Other _____
Consultant _____	Consultant _____
Staff arranging transfer	Staff accepting transfer
Name _____ Ext/Bleep _____ Speciality _____ Grade _____	Name _____ Ext/Bleep _____ Speciality _____ Grade _____
Phone _____	Phone _____

3 When?

Incident	Outbound	Return
____/____/____ : ____	____ : ____	____ : ____
Arrival in hospital ____/____/____ : ____	Ambulance contacted ____ : ____	
Intubation ____/____/____ : ____	Ambulance Reference _____	
Decision to Transfer ____/____/____ : ____	Ambulance ETA ____ : ____	
Recipient contacted ____/____/____ : ____	Ambulance arrival ____ : ____	
Transfer agreed ____/____/____ : ____	Depart referring ____ : ____	
	Arrival at destination ____ : ____	

There is no need to enter an exact time for any event which occurred >48h before transfer.

4 Why?

Type and Reason for transfer

One way Return Tertiary referral

Emergency
 Very Urgent <6h
 Urgent <24h
 Elective/Scheduled

Repatriation

Non clinical
 ICU HDU
 No bed
 No staff
 No Equip

Imaging Medical
 CT Renal
 MRI Cardiology
 Angio GI or Liver

Surgery
 Neuro Cardiothor
 Burns Vascular
 Spinal Liver
 Other _____

Working Diagnosis

1 _____

2 _____

3 _____

4 _____

5 Background

Allergies None known

Medications (include antibiotics) _____
 Tetanus toxoid

Past Medical History
 COAD Asthma Stroke BP Diabetes
 Dialysis Cancer Dementia MI Pacer
 Other _____

Last oral intake _____

Events Trauma

6 Status and Support

Airway Facemask Nasal mask
 ETT Tracheostomy

Indications for Intubation
 Cardiac arrest Resp arrest ↓ GCS
 Ventilatory failure Hypoxia Burns
 Surgery Tube in situ For transfer
 Other: _____

Preintubation	HR	BP	RR	SpO2
_____	_____	_____	_____	_____

Induction IV Gas Cricoid
 Mask ventilation Easy Difficult Impossible
 Complications ↓ BP ↓ SpO2 CPR

Grade 1 2 3 4

Tube Size _____ Tube Length _____

Breathing O2 CPAP NO Ambu Waters IPPV

Ventilator _____

CVS IABP ECMO
 Inotropes Pacing wire VAD

Disability (Preintubation) Gag

Pupils (mm)
 R _____ L _____ **GCS/15**
 Plantars
 R _____ L _____ Verbal/5
 Best Motor/6
 R _____ L _____ Eyes/4

Infection status MRABC MRSA VRE C Diff
 Cultures Blood Sputum Urine CSF

Positive Micro _____

7 Pre-Transfer Checklist

Airway:
 Airway secure
 Bag valve mask
 C Spine clear/immobile

Breathing:
 OK on Transport vent
 ABGs & CXR ok
 Drains unclamped

Circulation:
 Vital signs stable
 Well filled
 No bleeding
 IVI through dead space

Disability:
 Sedation / relaxants ok
 Pupils ok (check GCS)

Exposure:
 IV access x2 ok
 Fractures stable (if any)
 Pt secured on trolley
 Fluids/Renal:
 Catheterised
 Gut:
 NGT/OGT checked

Haematology:
 Blood products

Infection:
 Antibiotics given
 Cultures taken
 Just in Case: Emergency Drugs

Kit Check:
 Ventilator
 Transfer bag
 Batteries ok, Leads
 Inverter & adaptor
 Suction

Lab Results
 Hb >7
 Blood glucose > 4
 K 3.5 to 5.5
 pH >7.2 and BE +/-5

Monitoring
 Notes and Scans
 Oxygen - sufficient for journey x2 +1h?

Phone
 Mobile phone
 Contact destination

9 Observations

Dep	Arr	Drugs	Time	Total
T°C				
Hb				
Plat				
INR				
APTT				
Fib				
Na				
K				
Creat				
Gluc				
Bili				
P _a O ₂				
P _a CO ₂				
BE				

Events

300
240
220
200
190
180
170
160
150
140
130
120
110
100
90
80
70
60
50
40
30
25
20
15
10
7
4
2
0

• HR
 † BP
 ○ CVP
 × RR
 ▲ Temp°C

Lines Days

Art
 CVP
 PA
 Periph

Monitoring

ECG
 NIBP
 IBP
 CVP
 ICP

SpO2
 FECO2
 FIO2
 Paw
 VT
 Peep
 Pupils (mm)
 GCS

IV Fluids

Urine Out

8 Escort Staff (Risk Assessment)

Doctor
 Speciality _____
 SHO SpR1-2 SpR3+ Fellow NCCG Cons
 Transfer Trained No transfer training Est Number of previous transfers _____

Nurse/ODP
 Speciality _____
 Band _____
 Transfer Trained No transfer training Est Number of previous transfers _____

10 Summary of transfer

Comments of escorting doctor _____

Critical incident
 Yes No
 Respiratory Minor & brief
 Circulatory Compromising
 Neurological Life threatening
 Drug related Fatal
 Equipment problem Battery failure
 Organisational Transfer specific problem
 Trauma/Injury Critical incident form completed

Signed _____ Date ____/____/____

Comments of receiving doctor _____

Patient condition consistent with expectations
 No apparent deterioration during transfer

Signed _____ Date ____/____/____

Name (Please print) _____ Time ____ : ____

INSTRUCTIONS
 Please complete the times (box 3) and fill in arrival ABGs (box 9) before signing off.
 When you have completed the form, please put:
 * Top (white) sheet in the patient's notes at the receiving hospital.
 * Middle (pink) sheet should be folded and placed in hospital mail to be delivered to the NWL network.
 * Bottom (blue) sheet goes in the patient notes at the hospital the patient came from.
 Thank you for your efforts.

THIS COPY:

**Please place in envelope -
mark “CONFIDENTIAL”
and send to the Critical Care Network**

**NWL Critical Care Network
Critical Care Network,
2nd Floor, 15 Marylebone Road,
London,
NW1 5JD**