

Critical Care Transfer Within QAH

Aim: To aid as a guideline and checklist in the preparation for taking a patient who requires critical care input.

Scope: All doctors and nursing staff who have reached the required practice skill level and are competent and confident in transfers

Before moving patient consider...

Reason: Is the investigation still required? Is admission still appropriate?

Timing: Does this transfer need to be done at this time?

Team: Are the right people available to conduct the transfer safely?

Transport: Are porters needed? Are there enough DCCQ team members?

Risks: What are the predictable risks? Patient stable enough before leaving ward?

Preparing for Transfer

E	Equipment	Full monitoring to ICS standard Fully stocked and checked transfer trolley/bed end Establish on transfer ventilator, confirm adequate gas exchange and security of airway Emergency drugs, oxygen and fluids Battery backups
S	Systematic examination	Full ABCDE assessment Confirm airway secure 2 working, accessible intravenous access points Confirm no patient deterioration
C	Communication	Check destination ready (DCCQ / CT / MRI / Endoscopy) Explain to patient if not sedated
O	Observations	Full set of recent observations including arterial blood gas, if needed Confirm no patient deterioration.
R	Recent investigations	Copies of notes and investigations to go with the patient
T	Team	Confirm skill mix of the team and assign emergency roles Porters or ward staff to assist in transfer Is the unit safe to leave?

After transfer, remember...

Team debrief
Complete QUARTS form
Team restocking of transfer equipment

Critical Care Transfer to Another Hospital

Aim: To aid as a guideline and checklist in the preparation for taking a patient who requires specialist medical care in another hospital
Scope: All doctors and nursing staff who have reached the required practice skill level and are competent and confident in transfers

Before moving patient consider...

- Reason:** Can the patient's needs be met within PHT?
Timing: Does this transfer need to be done at this time?
Team: Are the right people available to conduct the transfer safely?
Transport: Booked and reference number documented?
Risks: What are the predictable risks involved and is DCCQ exposed whilst the team are deployed?

Preparing for Transfer

E	Equipment	Full monitoring to ICS standard Establish on transfer ventilator and secure patient on trolley Emergency drugs, oxygen and fluids Battery backups Consider spinal immobilisation if necessary Specialist kit e.g. balloon pump or warming for burns patients
S	Systematic examination	Full ABCDE assessment Confirm airway secure 2 working accessible intravenous access points Confirm no patient deterioration
C	Communication	Inform NOK of transfer and confirm admission with receiving unit. Inform patient if not sedated Take mobile phone
O	Observations	Full set of recent observations including arterial blood gas Commence inter-hospital transfer charting Confirm no patient deterioration.
R	Recent investigations	Copies of notes and investigations to go with the patient. Confirm radiological images have been sent electronically
T	Team	Confirm skill mix of the team and assign emergency roles High visibility jackets to be worn Is the unit safe to leave?

After transfer, remember...

- Team debrief
Submit network paperwork
Team restocking of transfer equipment

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