Checklist 1

Is the Patient stable for transfer?

Airway
- Airway safe or secured by intubation
- Tracheal tube position confirmed on CXR

Ventilation
- Paralysed, sedated and ventilated
- Established on transfer ventilator
- Adequate gas exchange confirmed on ABG

Circulation
- HR, BP stable
- Organ perfusion adequate
- Bleeding controlled
- Hb and blood volume adequate
- Arterial and venous access as appropriate

Neurology
- Seizures controlled
- ICP managed appropriately
- Pupillary reactions recorded

Trauma
- C-spine protected
- Pneumothoraces drained
- Bleeding controlled
- Long-bone/pelvic fractures stabilised

Metabolic
- Blood glucose >4mmol/L
- Potassium <6mmol/L
- Ionised Ca >1mmol/L
- Acid-base acceptable
- Temperature maintained

Monitoring
- ECG
- Blood pressure (IBP/NIBP)
- Oxygen saturation
- End-tidal CO2
- Temperature

Checklist 2

Are you ready for departure?

Patient
- Stable and secured on transport trolley
- Appropriately monitored
- Infusions + lines secured
- Sedated and paralysed
- Wrapped to prevent heat loss

Staff
- Adequately trained/experienced
- Received handover
- Adequate clothing, money, credit card, phone

Equipment
- Appropriate equipment and drugs
- Batteries checked + spares available
- Sufficient O2 supply
  - O2 required (L) = (FiO2 x minute volume + 1) x length of journey (mins) x2

Organisation
- Case notes/x-rays, results photocopied/sent
- Transfer documents prepared
- Location of bed and receiving doctor known
- Receiving unit advised of ETA
- Telephone numbers of referring and receiving unit available
- Relatives informed and discussions documented
- Return journey planned

Departure
- Trolley secured
- Electrical equipment plugged into power supply
- Ventilator securely connected to portable oxygen supply and adequate ventilation confirmed
- Equipment safely stowed

Form Instructions: On arrival
- x1 copy for the transferring hospital medical notes,
- x1 copy for the receiving hospital medical notes

Use ACCEPT acronym to ensure a systematic approach to transfer

A - Assess reason for transfer
C - Control - allocate tasks and personnel
C - Communicate - what information needs to be communicated to whom
E - Evaluate - need and urgency of transfer
P - Prepare and package
T - Transportation - which mode is appropriate
# Thames Valley & Wessex ACC ODN Transfer Form (v1.2 updated August 2019)

## Transfer Details
- **Date of Transfer**: 
- **Referring Hospital**: 
- **Theatre**:  
- **ICU**:  
- **Receiving Hospital**:  
- **ED**:  
- **Other**:  
- **Exact Location**:  
- **Time Patient ready for Transfer**:  
- **Time receiving Hospital accepted patient**: 

## Reason for Transfer:
- Clinical
- Specialist
- Repatriation

## Urgency Category:
- Time Critical
- Urgent
- Non-Urgent

## Patient Status Prior to Departure
- **Diagnosis**:  
- **Allergies**:  
- **Infection Risk**:  
- **Ventilation**:  
- **Tube size/length at lips**:  
- **Intubation Grade**:  
- **Ventilation Mode**:  
- **ABG**:  
- **Lines & Catheters sites**:  

### Time
- **Temp (°C)**
  - 200
  - 190
  - 180
  - 170
  - 160
  - 150
  - 140
  - 130
  - 120
  - 110
  - 100
  - 90
  - 80
  - 70
  - 60
  - 50
  - 40

### Blood Pressure (mmHg)
- **Systolic**
- **Diastolic**

### Heart Rate (bpm)
- **Rate**

### Pupils
- **Size/Reaction**
  - Left
  - Right

### Ventilation
- **Rate**
- **SpO2**
- **FiO2**
- **EtCO2**
- **Vt**
- **Pinsp**
- **PEEP**

### Drugs

### Fluids

### Output

## Ambulance Details
- **Time Control Contacted**:  
- **Reference No**:  
- **Arrival Time**:  
- **Departure Time**:  

## Events During Transfer
- **Clinical**  
- **Incident Form**  
- **Organisational**  
- **Ref No**:  
- **Equipment**:  

## Escorting Details
- **Doctor**:  
- **Grade**:  
- **Speciality Team**:  
- **Nurse/ODP/CCP**:  
- **Grade**:  
- **Consultant**:  
- **Referring Consultant**:  
- **Referring Doctor**:  
- **Receiving Consultant**:  
- **Receiving Doctor**:  

## Attaching Addressograph Label

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**ATTACH ADDRESSOGRAPH LABEL**