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 Rx □ Repatriation □ Capacity □ Other □

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

### Time

<table>
<thead>
<tr>
<th>Temp (°C)</th>
<th>200</th>
<th>190</th>
<th>180</th>
<th>170</th>
<th>160</th>
<th>150</th>
<th>140</th>
<th>130</th>
<th>120</th>
<th>110</th>
<th>100</th>
<th>90</th>
<th>80</th>
<th>70</th>
<th>60</th>
<th>50</th>
<th>40</th>
</tr>
</thead>
</table>

| Blood Pressure (mmHg) |  > | < | | | | | | | | | | | | | | |
|------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

| Heart Rate (bpm) | 80 | 70 | 60 | 50 | 40 | 30 | 20 | 10 |  |  |  |  |  |  |  |  |
|-------------------|----|----|----|----|----|----|----|----|---|---|---|---|---|---|---|---|---|

| Rhythm | | | | | | | | | | | | | | | | |
|---------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

| Pupils Size/Reaction | | | | | | | | | | | | | | | | |
|----------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

| Ventilation | | | | | | | | | | | | | | | | |
|--------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

<table>
<thead>
<tr>
<th>Rate</th>
<th>SpO2</th>
<th>FiO2</th>
<th>ETCO2</th>
<th>Vt</th>
<th>Pinsp</th>
<th>PEEP</th>
</tr>
</thead>
</table>

| Drugs | | | | | | | | | | | | | | | | |
|-------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

| Fluids | | | | | | | | | | | | | | | | |
|--------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

| Output | | | | | | | | | | | | | | | | |

### Patient Status Prior to Departure
- **Diagnosis:** 
- **Allergies:** 
- **Infection Risk:** 
- **Ventilation:** ETT □ Tracheostomy □
- **Tube size/length at lips:** 
- **Intubation Grade:** 
- **Ventilation Mode:** 
- **ABG:** pH...PO2...pCO2...BE...

### Lines & Catheters sites
- **Arterial** □ CVC □ Peripheral □
- **Catheter** □ Chest Drain □ NG Tube □
- **Other** □ C Spine Protected □ Method □

### 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: 
  - Signature: 
- **Receiving Consultant:** 
  - Receiving Doctor: 
  - Signature: