

ADULT CRITICAL CARE RETRIEVAL TRANSFER DOCUMENTATION

DATE	CALL HANDLER	NURSE	DOCTOR	ACA	TEAM BRIEF <input type="checkbox"/>
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PATIENT NAME		DOB		H&C	
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AGE		WEIGHT		BARIATRIC REQUIREMENTS		INFECTION STATUS	
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REFERRER		RECEIVING ICU CONSULTANT	
REFERRING CONSULTANT		RECEIVING SPECIALTY CONSULTANT	
REFERRING SPECIALTY		RECEIVING SPECIALTY	
PATIENT LOCATION		PATIENT DESTINATION	
CONTACT NUMBER		CONTACT NUMBER	

DATE		TIME REFERRAL		DECISION TIME		TEAM DEPART		CANCELLED	
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INFORM OTHER TEAMS <input type="checkbox"/>	NISTAR AMBULANCE BOOKED	REF NUMBER	NISTAR CAR BOOKED IF NO AMBULANCE	DELAY/CANCEL REASON	
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REASON FOR TRANSFER	NO ICU BED	TERTIARY SERVICE	TREATMENT
NO ICU IN HOSPITAL	TO MAKE A BED	REPATRIATION	INVESTIGATION

LEVEL 1	LEVEL 2	LEVEL 3	NURSE ONLY	TIME CRITICAL	REASON
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DIAGNOSIS

PAST MED HISTORY

INTERVENTIONS

PLANNED INTERVENTIONS/TREATMENT

CURRENT DRUGS/INFUSIONS

ALLERGIES

URINARY CATHETER	NASOGASTRIC TUBE
CHECK LABEL FLUSH BAGS	LABEL ALL LINES
PREPARE INFUSIONS	STOP FEEDS/ INSULIN
TRANSFER LETTER	DISCUSS WITH FAMILY

ADVICE GIVEN

OBS	TIME	PUPILS L R	GCS E M V	HR	BP	SpO2	ETCo2	Temp	pH	pO2	pCO2	HCO3	BE	LACT	BM
REFERRAL															
ARRIVAL															
DEPARTURE															
HANDOVER															

AT PATIENT		DEPART WITH PATIENT		ARRIVE RECEIVING		RETURN BASE	
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SPINAL PRECAUTIONS	FULLY IMMOBILISED <input type="checkbox"/>	COLLAR <input type="checkbox"/>	
AIRWAY	DIFFICULT? Y / N	GRADE	ETT SIZE FM/NS <input type="checkbox"/>
RESP	FiO2	SIMV <input type="checkbox"/>	PS/CPAP <input type="checkbox"/>
CVS	CVL <input type="checkbox"/>	ART <input type="checkbox"/>	DIALYSIS <input type="checkbox"/>
GI	NASOGASTRIC TUBE <input type="checkbox"/>		
RENAL	CATHETER <input type="checkbox"/>	CRRT	Na K Urea Creat
INFXN	SIDE ROOM NEEDED Y / N		ANTIBIOTICS TEMP WCC
CXR POS CHECKED	ETT <input type="checkbox"/>	CVL <input type="checkbox"/>	NG <input type="checkbox"/>

CLINICAL CHANGE PRE ARRIVAL

PRESSURE AREAS/SORES

AMBULANCE BOOKED	REFERENCE NO	CALL SIGN	BLUE LIGHTS
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LINES LABELLED	PERIPHERAL <input type="checkbox"/>	ARTERIAL <input type="checkbox"/>	FLUSH BAG CHECK <input type="checkbox"/>	CENTRAL <input type="checkbox"/>	FLUSH BAG CHECK <input type="checkbox"/>	ACCESSIBLE IV PORT <input type="checkbox"/>
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PATIENT ID X 2	EYES TAPED	ETT DEPTH	CM	COLLAR	PPP
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FAMILY INFORMED	PATIENT NOTES & LETTER	RECEIVING HOSPITAL INFORMED
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VAC MAT	BLANKET/HAT	5 POINT HARNESS
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TRANSFER OBSERVATIONS

TIME	LOCATION	HR	Rhy	BP	FiO2	Mode	SpO2	ETCO2	RR	TV	MV	PIP	INFUSIONS ML/HR		
													PROPOFOL		
:00															
:15															
:30															
:45															
:00															
:15															
:30															
:45															
:00															
:15															
:30															
:45															
:00															
:15															
:30															
:45															

BOLUS DRUGS	DOSE	TIME

INCIDENTS

HANDOVER

TEAM DEBRIEF

BASE PRE-DEPARTURE	
TEAM BRIEF	
TROLLEY CHECK/CABLES ROLLED/ BATTERIES	
SEALED CHECKED BAG	
ADEQUATE OXYGEN & TURNED ON	
MAPLESON C CIRCUIT	
DEFIBRILLATOR	
VACUUM MATTRESS	
BARIATRIC CUSHIONS	
PATIENT DETAILS/LOCATION/RUN SHEET COMMENCED	
INFECTION CONTROL ISSUE?	
ICU BED/NAMED CONSULTANT	
OTHER NISTAR TEAMS INFORMED	
NISTAR CAR	
NISTAR OR OTHER AMBULANCE (RING AMBULANCE CONTROL)	
AMBULANCE O2 & SUCTION	
NURSE DOCTOR & DRIVER	
APPROPRIATE CLOTHES/NISTAR PHONE/CASH	

TRANSFER	
PATIENT SECURE	
ON AMBULANCE POWER	
ON AMBULANCE O2	
ROUTE CONFIRMED	
VEHICLE TEMPERATURE CONTROLLED	
EQUIPMENT & DRUGS SECURED	
STAFF BELTED	
PROGRESS DECIDED	

PACKAGING	
REFERRING HOSPITAL HANDOVER	
CONFIRM ALLERGIES/GRADE INTUB	
CONFIRM LINES/FLUSHES/LABELLING	
CHECK PUPILS, TAPE EYES	
CONFIRM ETT PLACEMENT, SECURE & RECORD DEPTH	
CHECK GUIDE WIRE REMOVED NGT	
ADEQUATE SEDATION/RELAXANT	
OBS STABLE FOR TRANSFER	
O2 TANKS TURNED ON & APPROPRIATE VENT SETTINGS	
VAC MAT DEFLATED ON TROLLEY/SCOOP 10 DEGREE TILT	
BRAKES ON TROLLEY & BED	
NISTAR DR LEAD TRANSFER TO TROLLEY/ SWITCH TO TRANSPORT VENT	
CLOSED SUCTION CATHETER	
NISTAR NURSE LEAD MONITORS/ZERO	
INFUSIONS CONNECTED & RUNNING	
IV PORT ACCESSIBLE ON RIGHT SIDE	
PRESSURE POINTS PROTECTED	
SECURED IN BELTS/VAC MAT/COLLAR	
BLANKET/FOIL HAT	

HANDOVER	
PT DETAILS	
PT SUMMARY	
PENDING INVESTIGATIONS/ TREATMENTS	
OBSERVATIONS/DRUGS DURING TRANSFER	
SAFETY—ALLERGIES/AIRWAY/ PRECAUTIONS/FLUSH BAGS	
INCIDENTS	
CLINICAL CHANGE	
PATIENT PROPERTY	
PHOTOCOPY TRANSFER DOC	

TRANSFER PRE-DEPARTURE	
O2 CALCULATION	
DRUGS/INFUSIONS/ FLUIDS	
OBS STABLE	
ETT SECURE	
VENTILATING	
ABG IF CLINICALLY INDICATED	
IV PORT ACCESSIBLE RIGHT SIDE	
PATIENT SECURE	
CALL RECEIVING HOSPITAL	
TEAM INTRO TO FAMILY/ INFORMED OF TRANSFER	
IF FAMILY PRESENT UPDATED WITH CLINICAL STATUS / DESTINATION/ CONTACT DETAILS	
PATIENT PROPERTY GIVEN TO RELATIVES	
PATIENT PROPERTY BROUGHT WITH PT	

RETURN TO BASE PRE-DEPARTURE	
LEAVE PHOTOCOPY OF DOC	
TROLLEY CLEANED/NEW VENT TUBING	
BRING TROLLEY/BAG/DEFIB	

RETURN TO BASE	
DEBRIEF	
TROLLEY CLEANED	
TROLLEY CHECKLIST	
BAG CHECKED, REFILLED & SEALED	
TANKS REPLACED & TURNED OFF	
INFORM OTHER TEAMS	