



# NISTAR

Northern Ireland Specialist Transport & Retrieval



## INTERHOSPITAL TRANSFER

Date: \_\_\_\_\_

**PATIENT STICKER**

REFERRING TEAM	RECEIVING TEAM
HOSPITAL:	HOSPITAL:
SPECIALTY:	SPECIALTY:
CONSULTANT:	CONSULTANT:
LOCATION:	LOCATION:
TEL:	TEL:

WEIGHT \_\_\_\_\_

NOK \_\_\_\_\_

DIAGNOSIS: \_\_\_\_\_

INDICATION FOR TRANSFER: \_\_\_\_\_

TRANSFERRING TEAM: \_\_\_\_\_

TIME CRITICAL

DEPARTURE TIME \_\_\_\_\_

ARRIVAL TIME \_\_\_\_\_

DOCUMENTATION

HANDOVER

PATIENT ID BAND

**SUMMARY OF EVENTS**

**PAST MEDICAL HISTORY**

**DRUG HISTORY**

ALLERGIES \_\_\_\_\_

ECR CHECKED

**INTERVENTIONS**

IMAGING \_\_\_\_\_

REPORTS ATTACHED



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	CURRENT STATUS	PRE- DEPARTURE CHECKLIST
	TIME:	TIME:
<b>AIRWAY</b>	SELF <input type="checkbox"/>	ETT SECURE <input type="checkbox"/>
	FACEMASK <input type="checkbox"/>	LENGTH AT TEETH <input type="checkbox"/>
	ETT <input type="checkbox"/>	ETCO2 <input type="checkbox"/>
	ETT TYPE SIZE <input type="checkbox"/>	X-RAY (+CVC/ NGT) <input type="checkbox"/>
	ETT GRADE VL/DL	<b>C-SPINE</b>
	ETT LENGTH AT TEETH	PRECAUTIONS <input type="checkbox"/>
<b>BREATHING</b>	FIO2 SpO2	AIRWAY EMERG BAG <input type="checkbox"/>
	RR	AMBUBAG <input type="checkbox"/>
	SV <input type="checkbox"/> IPPV <input type="checkbox"/>	MAP C <input type="checkbox"/>
	MODE Vt xRR	OXYGEN CALC <input type="checkbox"/>
PIP PEEP	02 (L) = 2 X (MV+ BIAS FLOW) X DURATION	
ABG pH HCO3	TRANSFER IN MINS	
pCO2 BE	(OXYLOG 300 BIAS FLOW =0.5L/MIN)	
pO2 Lac		
<b>CIRCULATION</b>	HR	IV ACCESS <input type="checkbox"/>
	RHYTHM	CVC <input type="checkbox"/>
	BP (MAP)	ART <input type="checkbox"/>
	CRT	FLUSH BAG SALINE <input type="checkbox"/>
	CV SUPPORT	EMERGENCY DRUGS <input type="checkbox"/>
		DEFIB PAD ON <input type="checkbox"/>
<b>DISABILITY</b>	GCS E M V	PUPILS CHECKED <input type="checkbox"/>
	PUPILS L R	SEDATION <input type="checkbox"/>
	SEDATION	NEUROPROTECTION <input type="checkbox"/>
	BLOOD GLUCOSE	CURARISED <input type="checkbox"/>
<b>EXPOSURE</b>	TEMP	TEMP MONITORING <input type="checkbox"/>
	RASH	WARMING <input type="checkbox"/>
	SECONDARY SURVEY	
<b>FLUIDS</b>	IN FLUIDS	FLUID <input type="checkbox"/>
	BLOOD	BLOOD <input type="checkbox"/>
	OUT URINE	CATHETER <input type="checkbox"/>
	DRAIN	
<b>GASTROENTEROLOGY</b>	FASTING	NGT <input type="checkbox"/>
	ABDOMEN	
<b>HAEMATOLOGY / BIOCHEM</b>	Na Hb	XM/ G+H <input type="checkbox"/>
	K Plt	
	Ur PT	
	Cr APTT	
<b>INFECTIVE STATUS</b>	ANTIBIOTICS TIME:	INFECT CONTROL RISK <input type="checkbox"/>
	+ MICRO CULTURES SENT <input type="checkbox"/>	Covid 19 Status _____
		PCR tests X 2



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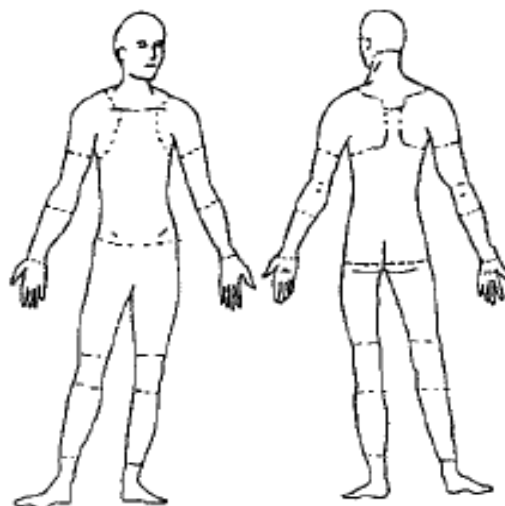
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### Observation Chart –for use during transfer

Time: HRS									
Mins									
Drug infusions									
<b>Ventilator mode</b>									
FIO2									
Tidal Volume									
Respiratory rate									
PEEP									
Peak insp pressure									
Minute Volume									
ETCO2									
SPo2									
<b>Blood pressure</b>									
<b>Heart rate</b>									
<b>Heart rhythm</b>									
<b>Pupil Size/Reaction L</b>									
<b>Pupil Size/Reaction R</b>									

Fluids/ drug boluses / Lines



#### Escorting Personnel

Nurse Name:.....Grade:.....Doctor Name:.....Grade:.....



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