Thames Valley ACC ODN Transfer Form (v1.10 updated April 2022)

Important Telephone Numbers						
Dedicated Network Ambulance: 0300 303 4147 SCAS: 0300 123 9822/9826						
Oxford Critical Care, Level 2	01865 220539	MK ICU	01908 996381			
Oxford Critical Care, Level 3	01865 220585	RBH ICU	01183 227257			
OUH CTCCU	01865 572639	SMH ICU	01296 315620			
OUH Churchill ICU	01865 235078	WGH ICU	01494 425558			
OUH Neuro ICU	01865 234918	Wexham ICU	03006 153202			

Risk Assessment Completed: \Box High \Box Medium \Box Low

ATTACH ADDRESSOGRAPH LABEL

Checklist 1			Che	Checklist 2					
Is the Patient stable for transfer?				you ready for departure?					
Airway				Patient					
☐ Airway safe or secured by intubation				☐ Stable and secured on transport trolley					
☐ Tracheal tube position confirmed on CXR				☐ Appropriately monitored					
Ventilation				☐ Infusions + lines secured					
☐ Paralysed, sed				☐ Insulin required? Yes / No					
	n transfer ventila			☐ Sedated and paralysed					
☐ Adequate gas	exchange confir	med on ABG		☐ Wrapped to prevent heat loss					
Circulation				Staff					
☐ HR, BP stable				☐ Adequately trained/experienced					
☐ Organ perfusion adequate				☐ Received handover					
☐ Bleeding controlled				☐ Adequate clothing, money, credit card, phone					
☐ Hb and blood volume adequate				Equipment					
☐ Arterial and venous access as appropriate				\square Appropriate equipment and drugs drawn up					
Neurology				Batteries checked + spares available					
☐ Seizures contr				—					
☐ ICP managed appropriately				O2 required (L) = (FiO2 x minute volume + 1) x length of journey (mins) x2					
☐ Pupillary reactions recorded			-	Organisation					
Trauma			_	Case notes/x-rays, results photocopied/sent					
☐ C-spine protect				ransfer documents prepared					
Pneumothoraces drained				☐ Location of bed and receiving doctor known					
☐ Bleeding controlled				☐ Receiving unit advised of ETA					
☐ Long-bone/pelvic fractures stabilized				☐ Telephone numbers of referring and receiving unit					
Metabolic			avai	able					
☐ Blood glucose			□ 1	NoK informed and discussion documented					
☐ Potassium <6r			□ F	Return journey planned					
☐ Ionised Ca >1				cks on leaving the unit, in Ambulance and on					
☐ Acid-base acc	•			val at receiving hospital					
☐ Temperature r	maintained			rolley secured					
Monitoring			□ 1	Electrical equipment plugged into power supply					
□ ECG	(100/1100)			/entilator securely connected to portable/Ambulance					
☐ Blood pressure	,		oxyg	en supply and adequate ventilation confirmed					
☐ Oxygen satura				ransfer bag & equipment safely stowed BUT					
☐ End-tidal CO2			imm	ediately available					
☐ Temperature									
Form Instruction hospital medical n		copy for the trans	sferring hospi	tal medical notes, x1 copy for the receiving					

Thames Valley ACC ODN Transfer Form (v1.10 updated April 2022)

Transfer Details												
Date of Transfer/ Referring Hospital				ATTACH ADDRESSOGRAPH LABEL								
Theatre ICU Receiving Hospital												
ED 		her 🗆										
	atient ready											
Time re	ceiving hos	pital accep	oted patier	nt								
Reason for Transfer: Clinica			al/Specialist Rx		Repatriation		Capacity Other					
		IFT 1 o	or 2 (Time Critical) II		FT3 (30m-2h)		IFT4 (Non-Urgent)					
V 11	me Temp (o C)											
1	200											
Hg)	190 180											
mm.	170											
nre (160											
ress	150 140											
Blood Pressure (mmHg) >	130											
Bloc	120											
	110 100						-	+				
Heart Rate (bpm) •	90											
dq) e	80 70											
Rate	60											
eart	50											
	40											
Rhythm Pupils Size/Reaction	Left Right											
Size/Reaction	Rate											
<u> </u>	SpO ₂											
Ventilation	FiO ₂ EtCO ₂											
Vent	Vt											
	Pinsp PEEP											
Drugs	,											
Fluids												
Output												
Patient	Status Pri	or to Dep	arture					Ambulance D	etails			
Diagno	sis:							Time Control Contacted:				
Allergie	s:											
Infectio	n Risk:							Arrival Time:				
Infection Risk: Arrival Time: Departure Time: Departure Time:												
Tube si	ze/length at	t lips:						Events Durin	g Transfe	r		
Tube size/length at lips:Ventilation Mode												
ABG: pHBE					Organisational Ref No:							
Lines & Catheters sites						Equipment \square						
Arterial	□ cvc			Periphera	al							
Catheter Chest Drain NG Tube												
Other	☐ C Spii	ne Protect	ed 🗆	Method .								
Escorting Doctor: Grade: Speciality Team												
Escorting Nurse/ODP/CCP: Grade: Consultant:												
Referring Consultant: Signature:												
Receiving Consultant: Signature:												