## Wessex ACC ODN Transfer Form (v1.9 updated March 2022)

Important Telephone Numbers

Dedicated Network SCAS: 03001 2398		0 303 4147		ATTACH ADDRESSOGRAPH LABEL						
Basingstoke ICU	01256 313560	Portsmouth ICU	02392 286035							
Bournemouth ICU 0300 019 405		Salisbury ICU 01722 413								
Chichester ICU			02380 777222 blp 1126							
Dorchester ICU 01305 255596 Southampton NICU			02381 206401							
Isle of Wight ICU 01983 534752 Southampton CICU 0			02381 206121							
Poole ICU 0300 019 8590 Winchester ICU		01962 825037								
Checklist 1			Ch	ec	klist 2					
Is the Patient s	table for transf	er?		_	you ready for departure?					
Airway			Pat							
	or secured by in				able and secured on transport trolley					
	e position confi	rmed on CXR			ppropriately monitored					
Ventilation				☐ Infusions + lines secured						
-	sedated and ven				sulin required? Yes / No					
☐ Established on transfer ventilator					edated and paralysed					
☐ Adequate gas exchange confirmed on ABG					/rapped to prevent heat loss					
Circulation										
☐ HR, BP stable					dequately trained/experienced					
☐ Organ perfusion adequate					eceived handover					
☐ Bleeding co				$\square$ Adequate clothing, money, credit card, phone						
	d volume adequ			Equipment						
☐ Arterial and venous access as appropriate					ppropriate equipment and drugs drawn up					
Neurology					atteries checked + spares available					
<ul><li>☐ Seizures controlled</li><li>☐ ICP managed appropriately</li></ul>					☐ Sufficient O2 supply & BVM O2 required (L) = (FiO2 x minute volume + 1) x length of journey (mins) x2					
☐ Pupillary rea				nisation						
Trauma			`		ase notes/x-rays, results photocopied/sent					
☐ C-spine protected				☐ Transfer documents prepared						
☐ Pneumothor	umothoraces drained				☐ Location of bed and receiving doctor known					
☐ Bleeding co					eceiving unit advised of ETA					
☐ Long-bone/p	pelvic fractures s	stabilized		Τe	elephone numbers of referring and receiving unit					
☐ Blood glucos	se >4mmol/L				oK informed and discussion documented					
☐ Potassium <	6mmol/L				eturn journey planned					
☐ Ionised Ca >	>1mmol/L				ks on leaving the unit, in Ambulance and on					
☐ Acid-base a	cceptable		arr	iva	al at receiving hospital					
☐ Temperature	e maintained			Tr	rolley secured					
Monitoring				ΕI	lectrical equipment plugged into power supply					
☐ ECG ☐ Blood press	ure (IBP/NIBP)				entilator securely connected to portable/Ambulance en supply and adequate ventilation confirmed					
☐ Oxygen satu	,									
☐ End-tidal CO2					ransfer bag & equipment safely stowed BUT ediately available					
☐ Temperature	е				a.a.c., aranapro					
·		11 convitor the train	oforring base	\i+-	al modical notes, v1 cany for the receiving					
hospital medica		t copy for the tran	isiening nosp	νιί	al medical notes, x1 copy for the receiving					

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

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Transfer Details													
Date of Transfer/ Referring Hospital						ATTACH ADDRESSOGRAPH LABEL							
Theatre   ICU   Receiving Hospital													
ED   Other   Exact Location													
Time Patient ready for Transfer													
Time receiving hospital accepted patient													
Reason for Transfer: Clinic				•			Repatriation		Capacity Other				
			IFT 1 o	1 or 2 (Time Critical)			FT3 (30m-2h)		IFT4 (Non-Urgent)				
V 11	me Temp (o C)												
Blood Pressure (mmHg) > <	200												
	190 180												
	170												
nre (	160												
ress	150 140												
Dd P	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 <sub>2</sub>												
Ventilation	FiO <sub>2</sub> EtCO <sub>2</sub>												
Vent	Vt												
	Pinsp PEEP												
Drugs	,												
Fluids													
Output													
Patient	Status Pri	or to Dep	arture					Ambulance D	etails				
Diagnosis:								Time Control Contacted:					
Allergie	s:							Reference No:					
Allergies:								Arrival Time: .					
Ventilation: ETT ☐ Tracheostomy ☐								Departure Tim	ıe:				
Tube si	ze/length at	t lips:						<b>Events Durin</b>	g Transfe	r			
	•	•						Clinical					
Intubation Grade:Ventilation Mode								Organisational 🗆 Ref No:					
Lines & Catheters sites								Equipment $\square$					
Arterial ☐ CVC ☐ Peripheral													
Catheter ☐ Chest Drain ☐ NO				NG Tube									
Other	Other   C Spine Protected   Method												
Escorting Doctor:													
	_												
Referring Consultant:					_				_				
Receiving Consultant: Receiving Do						ctor:		S	Signature:				