

NHS Lothian Critical Care, Intra-hospital Transfer Checklist

Authors G Nimmo, N Young, J Bain Nov 2015

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Preparation and Planning

- Decision made to transfer: read out checklist. Ensure scan etc requested. d/w radiology re time.
- Next of kin informed
- IV contrast to be given? Consider renal protection
- IV access x2
- If raised ICP – give mannitol/hypertonic saline and increase minute ventilation to reduce PaCO₂
- Identify senior help and contact number (Cons/SpR)
- Ensure ET tube secure: note what cm at teeth/lips
- Get transfer equipment/drugs

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Equipment

- Connect patient to transport ventilator: oxygen attached to piped supply
- O₂ cylinder with Schraeder valve and oxygen port
- Bag/valve/mask system and C-circuit
- Attach one to O₂ port on cylinder
- Ensure facemask on circuits
- Transfer bag
- Consider: defibrillator & pads
- Monitors: ECG, A-line, SpO₂, EtCO₂ all working and visible
- Portable suction
- Stethoscope
- Spare battery for monitor

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Drugs

- Aspirate NG, cap off or bag
- Disconnect unnecessary infusions and feed.
- Enteral contrast required? Administer
- Administer adequate sedation and analgesia (test with painful stimulus)
- Muscle relaxation (use nerve stimulator)
- Spare propofol/relaxant
- Keep emergency and routine drugs in separate trays
- Emergency drugs:
 - Metaraminol
 - Adrenaline
 - Atropine
 - Glycopyrronium

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Transfer

- Call porters
- Let staff at destination know you are coming
- Ensure lifts available
- Change O₂ supply to cylinder
- Pick up transfer bags
- Keep neuro patients head up
- At destination plug oxygen into piped supply
- Plug in monitor
- Consider disconnecting ET tube when moving across: airway person is in charge
- Put monitor and ventilator on CT table
- Ensure ventilator and monitor visible
- Perform slow trial of move into CT scanner

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Post Transfer

- Re-establish ventilation on ICU ventilator
- Re-establish infusions/feeding stopped for transfer
- Document transfer in notes

ALWAYS

- BEFORE moving patient, ensure brakes are on bed
- AFTER all patient moves reassess chest movements and ET tube position