



## Transfer of the Trauma Patient

Trauma patients are transferred between hospitals for a number of different reasons.

Whether the transfer is inter or intra hospital, there are associated risks:

- Deterioration of patient's underlying condition
- Dislodgement of tracheal tubes, chest drains, invasive lines and monitoring leads
- Failure of equipment during transfer
- Haemodynamic destabilisation of patient
- Inadequate care due to limited space and a moving environment
- Limited range of drugs and equipment
- Limited expertise of transferring team



Preparation and communication are key elements in a patient transfer



Image credit: prehospitalmed.com

The patient's condition should be optimised prior to transfer – A FULL ABCDE assessment should be carried out and any issues addressed.

The transferring team should be adequately skilled to give the potentially required care during transfer.



## Transfer of the Trauma Patient

Clear communication between referring and receiving teams must be established. The ABC-SBAR template is a useful tool to ensure all relevant information is handed over.



ACRONYM	MEANING	INFORMATION TO PROVIDE
A	Airway	All airway, breathing and circulation issues identified and addressed
B	Breathing	
C	Circulation	

ACRONYM	MEANING	INFORMATION TO PROVIDE
S	SITUATION	Patient name; age; referring unit; referring doctor; reporting nurse; reason for transfer; IV access site; IV fluid rate; other interventions.
B	BACKGROUND	Event history; AMPLE assessment; blood products given; medications given; imaging; splinting.
A	ASSESSMENT	Vital signs; physical exam findings; response to treatment.
R	RECOMMENDATION	Transport mode; level of care; meds during transport; ongoing management