West Yorkshire
Critical Care & Major Trauma
Operational Delivery Networks

Adult Critical Care Transfer Guidelines

Revised 2017

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CONTENTS

Introduction

The transfer of critically ill patients from one hospital to another may be necessary to facilitate access to appropriate levels of clinical care and or to facilitate specialist investigation or treatment. The transfer of critically ill patients is however not without risk and provider organisations should make every effort to reduce the need for transfers arising from lack of critical care capacity alone. It is none the less anticipated that the requirement for patient transfer between organisations for a higher level of care is likely to increase as reconfiguration of specialist services takes place across West Yorkshire. Where transfer is required three over-arching principles should be observed:

- The potential benefits of any transfer must be weighed against the clinical risks
- No transfer is so urgent as to compromise the safety of the patient or staff
- Staff undertaking transfers must have the required level of knowledge and competence.

Although published standards for transferring critically ill patients' exist [1,2], evidence suggests that these are not always followed[3]. This additional guidance has therefore been produced by the WYCCODN transfer group to support safe clinical practice

The guidance consists of a series of locally agreed protocols / standard operating procedures which aim to assist organisations and individuals responsible for the transfer of patients within or between various hospital settings including:

- General wards/emergency departments/theatres and critical care
- General wards/critical care & diagnostic services
- Primary, secondary & tertiary sites

The guidance should be used in conjunction with the Intensive Care *Society Guidelines for the transport of the critically ill adult (3rd Edition, 2011)[1] and the Guidelines for the provision of Intensive Care Services (2015).[4]*

The intention is for trusts to use the guidance when developing and reviewing their own transfer policies as part of an effective approach to clinical governance. Each trust should have an identified champion for adult critical care transfers and should undertake a detailed risk assessment at organisational level. This must be reviewed and escalated where appropriate and placed on the trust/unit risk register. A copy should be sent to the relevant Critical Care Network.

PRINCIPLES OF SAFE TRANSFER

This document should be read in conjunction with the 'Guidelines for the transport of the critically ill adult ' (3rd Edition 2011) published by the Intensive Care Society* which details clinical standards required.

- All admission & discharges to / from intensive care must be discussed with a consultant.
- All units should have a capacity management plan in place to optimise bed availability and manage short term capacity issues
- Non clinical transfers should only occur as a last resort when other options for managing capacity in the referring hospital have been exhausted.
- Non clinical transfers should only occur within the referring unit's unique transfer group. (Any non-clinical transfers occurring outside agreed UTGs must be recorded as critical incidents on Datix and reported to the Chief executive / executive team of both hospitals.
- All transfers between hospitals should be discussed and agreed on a consultant to consultant basis.
- It is the referring consultant's responsibility to ensure that the patient being transferred is suitable for transfer and that an appropriate risk assessment has been completed prior to transfer.
- The staff transferring the patient should have the appropriate skills and experience to enable them to transfer the patient safely.
- Standards of monitoring and care during transfer should comply with nationally published guidelines.
- All equipment used should be compliant with relevant safety standards and be regularly serviced and maintained.
- All transfers should be documented using the Network approved transfer forms. These should be completed as fully as possible and copies retained in both the referring hospital and receiving hospital clinic records. A copy should be returned to the WYCCODN office for Audit purposes.

Appendix 1

Definitions:

Non-Clinical Transfer	Transfer of a patient due to insufficient bed capacity in the referring unit. Includes transfers between different hospitals within the same Trust.
Clinical Transfer / Tertiary Transfer	Transfer of a patient to another hospital for care or facilities that are not available within the referring hospital.
Repatriation	When a patient is transferred back to the host hospital when a suitable bed has become available (see Appendix 2) and /or when specialist / tertiary care is no longer required.
Unique Transfer Group	A group of hospitals to which non-clinical transfers may be considered from a host hospital. This group is based upon historical transfers, geography and bed capacity. Please check your own unique transfer group listing & priority order (see *appendix 4*).
Low Bed Alert	Triggered when there are 4 or less, level 3 general critical care beds available within West Yorkshire Adult Critical Care Operational Delivery Network for a period of 24 hours or more.

Appendix 2

Non-clinical transfers & unique transfer groups

All units should have capacity management plans in place to support optimal management of beds at times of peak demand and to avoid unnecessary non clinical transfers. Plans should include options for increasing critical care capacity, e.g. by temporary use of other facilities such as PACU or theatres The Network would recommend that all other resources be explored before transferring a patient to another hospital for capacity reasons alone.

When necessary, patients should be transferred to the nearest available facility capable of delivering the required level of care, within the agreed transfer group[5], but by- passing tertiary centres unless specialist level care is required. This is to protect the network's tertiary beds from non-clinical transfers and to reduce the risk of these beds becoming unavailable at times of need. This measure was fully supported by the Network Clinical Advisory Board.

The following pages provide details of agreed transfer groups and distances / travel times. The tables are in effect therefore in order of priority based on the above agreement.

Bed availability

The availability of beds within the Network can be checked using the Critical Care Directory of Services (DoS). This is a national bed information website which all critical care units are required to update six hourly. The system provides an overview of available level 2/3 beds by unit across Operational Delivery Networks. The system can be accessed at www.pathwaysdos.nhs.uk. All units should have a secure login.

Reporting Non Clinical Transfers

Non-Clinical Transfers within UTGs	These should be reported through local risk reporting procedures and recorded on Datix as an adverse incident.
Non-Clinical Transfers outside UTGs	In addition to local incident reporting above, The Lead Clinician / Senior Nurse should report any non-clinical transfers that occur outside of Unique Transfer Groups to the Chief Executive of both hospitals and the WYACCODN office on 0113 392 2903 (24 hour answering machine). **Within 24 hours of the transfer**

WYCCODN Unique Transfer Groups (Priority Order)

Critical Care " Unique Transfer Groups " - In Order Of Priority

Trust	Transferring Hospital	Distance (Miles)	Travel Time (Minutes)	Unique Transfer Group	
Airedale NHS Trust	Airedale General Hospital	11	24	Bradford Royal Infirmary	
	ICU:	16	21	Burnley General Hospital (2-way transfers agreed)	
	01535 292261	18	40	Calderdale Royal	
	01535 292263	23	50	Huddersfield Royal Infirmary	
	A&E	38	55	Pinderfields General Hospital	
		25	56	Harrogate District Hospital	
	01535 292281	23	47	Leeds General Infirmary	
		25	51	St James' Hospital	
Bradford Teaching Hospitals	Bradford Royal Infirmary	11	24	Airedale General Hospital	
NHS Foundation Trust	ICU:	12	26	Calderdale Royal	
	01274 364126	14	29	Huddersfield Royal Infirmary	
	01274 364566	20	26	Pinderfields General Hospital	
		24	56	Harrogate District Hospital	
		11	25	Leeds General Infirmary	
	A&E	14	29	St James' Hospital	
	01274 364658	**4**	**15**	**Eccleshill Trearment Centre**	One way only into Bradford
		3	**9**	**Yorkshire Ramsey Clinic**	No critical care beds
Calderdale & Huddersfield	Huddersfield Royal Infirmary	8	14	Calderdale Royal	
NHS Foundation Trust	ICU:	14	29	Bradford Royal Infirmary	
	01484 342453	23	29	Pinderfields General Hospital	
	01484 342452	23	50	Airedale General Hospital	
	01484 342857	19	19	Oldham Hospital (2-way transfers agreed)	
		37	61	Harrogate District Hospital	
		18	29	Leeds General Infirmary	
	A&E :	21	33	St James' Hospital	
	01484 342396	**3.5**	**8**	**Spire Healthcare , Elland**	One way only into C&H
		1	**4**	**Huddersfield BMI Healthcare**	

Clinical needs of patients must be the priority when selecting a destination

WYACCODN - Transfer Guidelines (Next Review Winter 2019)

To be used in conjunction with the ICS guidelines for the transport of critically ill adults (3rd Edition 2011)

Trust	Transferring Hospital	Distance (Miles)	Travel Time (Minutes)	Unique Transfer Group
Calderdale & Huddersfield	Calderdale Royal Hospital	8	14	Huddersfield Royal Infirmary
NHS Foundation Trust	ICU:	12	26	Bradford Royal Infirmary
	01422 222272	24	29	Pinderfields General Hospital
		18	0	Airedale General Hospital
	A&E :	24	25	Oldham Royal hospital (2-way transfers agreed)
	01422 222325	39	65	Harrogate District Hospital
		18	25	Leeds General Infirmary
		21	29	St James' Hospital
Harrogate District Hospital	Harrogate and District NHS FT	24	56	Bradford Royal Infirmary
		25	56	Airedale General
		32	33	Pinderfields General hospital
		37	61	Huddersfield Royal Infirmary
		39	65	Calderdale Royal
		15	23	Leeds General Infirmary
		15	23	St James' Hospital
Mid Yorkshire Hospitals	Pinderfields General hospital	12	25	Barnsley General Hospital (2-way transfers agreed)
NHS Trust	ICU:	20	26	Bradford Royal Infirmary
	01924 541985	23	29	Huddersfield Royal Infirmary
	01924 542611	24	29	Calderdale Royal Infirmary
		32	33	Harrogate District Hospital
		38	55	Airedale General Hospital
	A&E :	12	21	Leeds General Infirmary
	01924 541792	13	25	St James' Hospital
		33	**36**	**York District Hospital**
		4	**8**	**Spire Healthcare Methley Hospital**

One way only = to Pinderfields

Clinical needs of patients must be the priority when selecting a destination

WYACCODN - Transfer Guidelines (Next Review Winter 2019)

To be used in conjunction with the ICS guidelines for the transport of critically ill adults (3rd Edition 2011)

Trust	Transferring Hospital	Distance (Miles)	Travel Time (Minutes)	Unique Transfer Group	
Leeds Teaching Hospitals	Leeds General Infirmary	3	8	St James' Hospital	
NHS Trust	ICU :	12	21	Pinderfields General hospital	
	0113 3927403	11	25	Bradford Royal Infirmary	
	0113 3925768	15	23	Harrogate District Hospital	
		18	25	Calderdale Royal	
		18	29	Huddersfield Royal Infirmary	
	A&E :	23	47	Airedale General	
	0113 3922516	**65**	**69**	**Scarborough General Hospital**	**One way only = to Leeds**
		25	**32**	**York District Hospital**	
		1.5	**4**	**Nuffield Hospital , Leeds**	
Leeds Teaching Hospitals	St James' University Hospital	3	8	Leeds General Infirmary	
NHS Trust	ICU :	13	25	Pinderfields General hospital	
	0113 2064584	14	29	Bradford Royal Infirmary	
	0113 2069154	15	23	Harrogate District Hospital	
		21	29	Calderdale Royal	
		21	33	Huddersfield Royal Infirmary	
	A&E	25	51	Airedale General	
	0113 2064233	**65**	**69**	**Scarborough General Hospital**	**One way only = to Leeds**
		25	**32**	**York District Hospital**	
		2.1	**7**	**Spire Hospital , Roundhay , Leeds**	

Clinical needs of patients must be the priority when selecting a destination

WYACCODN - Transfer Guidelines (Next Review Winter 2019)

To be used in conjunction with the ICS guidelines for the transport of critically ill adults (3rd Edition 2011)

Appendix 3

Booking an Ambulance

The YAS inter-facility transfer guidance 2015[6] describes the process, priorities and rationale for requesting an ambulance to transfer patients between health care facilities. There are four recognised priorities:

PRIOROTY	RESPONSE	COMMENTS
Priority 1	8 minutes	999 response. Should not be used for critical care transfer unless truly time critical lifesaving intervention is required and the patient is on a transfer trolley ready to move.
Priority 2	< 1 hour	Appropriate priority for most critical care patients requiring transfer for urgent clinical reasons (but not requiring immediate lifesaving intervention). Can also be requested for non-clinical transfers where delay in transfer may delay an emergency admission to the referring unit. Patient must be on transfer trolley and ready to move prior to requesting ambulance.
Priority 3	< 4 hours	Appropriate priority for non-urgent clinical and non-clinical transfers where time not critical Can be upgraded to priority 2 if transfer is for routine treatment but with a defined time window e.g for renal dialysis in renal dialysis centre.
Priority 4	4 - 8 hours	Appropriate routine transfers / repatriations*

*see also appendix 8 relating to repatriation below

When requesting an ambulance the YAS call handlers in the emergency operations centre will take the clinician / nurse making the request through the IFT algorithm on the next page. - If the priority required is known this can be stated at the outset.

Special Circumstances / Barriatric patients

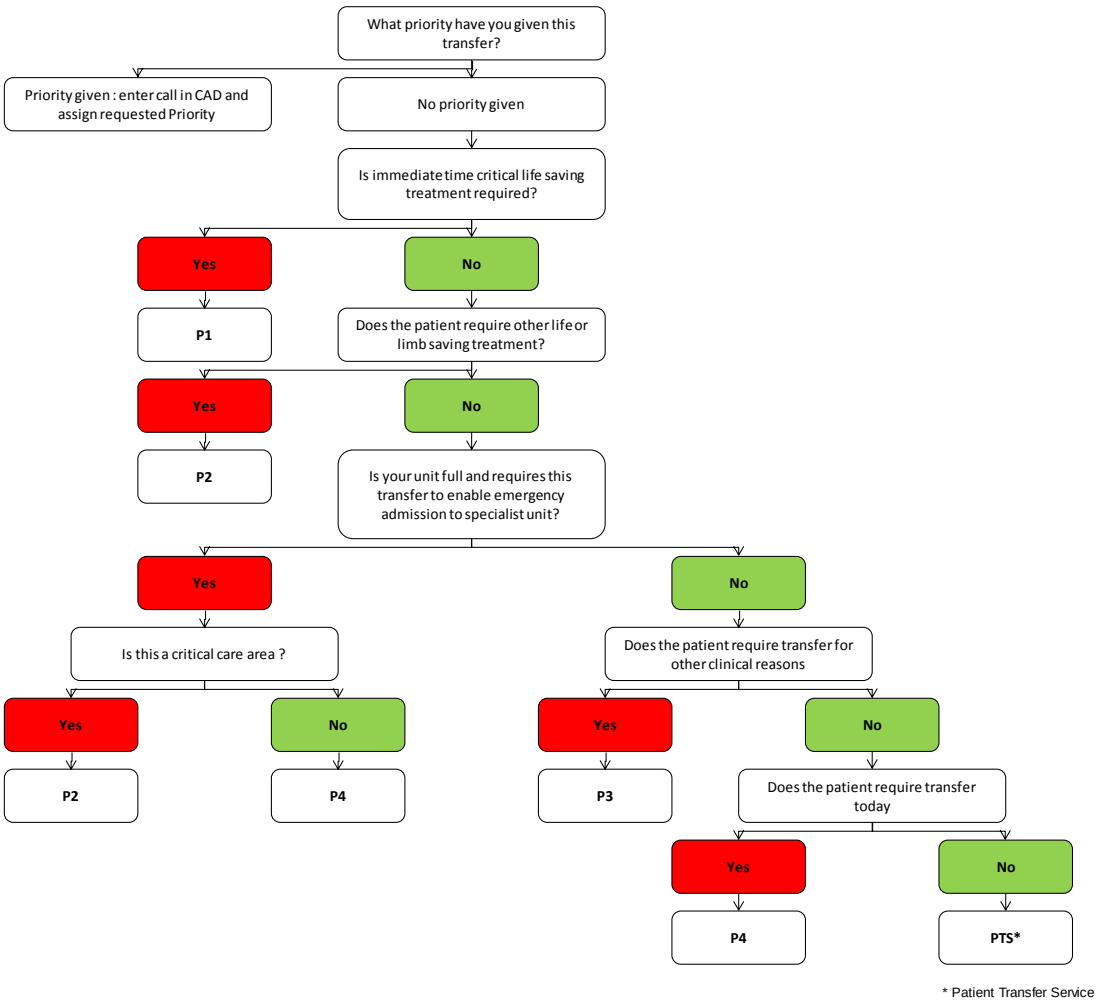
Where there are special circumstacnes these should be notifed to YAS at the time of requesting an ambulance.

Barriatric patients being transferred on a barriatric trolley for example require a specialist vehicle with central trolley mounting (as opposed to the standard side mounting). There are only a limited number of these in the YAS fleet and this may delay the transfer.

Problems / Incidents

Problems with ambulance booking or critical indicents involving YAS can be reported at patient.relations@yas.nhs.net

YAS IFT alogorthim for Emergency Call handlers 2015



Appendix 4

Risk Assessment and personnel

Prior to transfer a consultant or senior clinician should carry out a risk assessment to determine the anticipated risk of the transfer, and the level of support and personnel required.

The risk assessment should take into account the following:

- Patients' current clinical condition
- Specific risk related to patients' condition
- Risks related to movement / transfer
- Likelihood of deterioration during transfer

- Potential for requiring additional monitoring / intervention
- Duration and mode of transfer

A risk assessment matrix has been provided on the back of the WYCCODN transfer form to assist colleagues, based on NEWS score and degree of organ dysfunction (see below). It is recognised however that risk assessment is to some extent subjective and other factors not listed on the form may influence the perceived risk. There is space to record these on the form.

Ultimately it is for the referring consultant's responsibility to ensure that the transfer is appropriate and that the transferring team have the necessary skills to ensure that the transfer is carried out safely.

Critically ill patients (level 2 and 3) should normally be accompanied by **two suitably trained, experienced and competent attendants during transfer.** The background of the staff (Medical / Nursing / other) and the competencies required will depend on nature of the underlying illness, co-morbidity, level of dependency and risk of deterioration during transfer.

Pre transfer risk Assessment

(Incorporated into WYCCODN Pre transfer check sheet 2017)

Transfer Risk Asessment

NB Risk assesment is to some extent subjective and other factors not listed may influence the perceived risk. The risk tool is provided for guidance only. It is the referring consultants responsibility to ensure that the transfer is appropriate and that the transferring team have the necessary skills required.

Low Risk

NEWS 1 - 4
Maintaining airway
Fi02 < 0.4 / Base deficit < - 4 mmol/l
Not requiring inotrope / vasopressor support
GCS ≥ 14
Normothermic

Nurse / Practioer with appropriate competencies only

Medium Risk

NEWS 5 - 6
Maintaining airway
Fi02 < 0.4 - 0.6 / Base deficit -4 to -8 mmol/l
low dose inotrope / vasopressor support <0.2ug/kg/min
GCS 9-13 (Consider elective intubation)
Hypo / Hyperthermic

Doctor accompanied by Nurse / Practioner with appropriate competenticies if potencial to deteriorate then doctor should have critical care and advanced airway competencies

High Risk

NEWS 7 or more
Intubated / Ventilated
Fi02 > 0.6 Base deficit > -8mmol
CVS unstable and / or
requiring inotrope / vasopressor support <0.2/kg/min
Hypo / Hyperthermic
Major Trauma e.g Head / chest / abdominal / pelvic injury

Doctor with critical care and advanced airway competencies accompanied by Nurse / Practitioner with appropriate competencies

NEWS Score _____ **Level of Risk : Low ☐ Medium ☐ High ☐**

Name .....
Designation .....
Signature .....

Date _____ Time _____

Appendix: 5:

Equipment

All acute hospitals responsible for transferring critically ill patients must have access to a CEN compliant transfer trolley. All monitoring and equipment must be suitable to use in the transfer environment and mounted on the trolley in such a way as to be CEN compliant. It is recommended that the equipment available in transfer packs be standardised across the Network to support trainees moving between trusts. The suggested contents list is shown below

Suggested contents list for Transfer bags[7]:

Advanced Airway Equipment	**Breathing Equipment**	**Circulation Equipment**
1. 1x ET Tube 6	1. 1 x I-gel size 3	1. 2 x IV cannula size 14G
2. 1 x ET Tube 7	2. 1 x I-gel size 4	2. 2 x IV cannula size 16G
3. 1 x ET Tube 8	3. 1 x I-gel size 5	3. 2 x IV cannula size 18G
4.1 x ET Tube 9	4. 1 x Airway HME Filter	4. 2 x IV cannula size 20G
5. 2 x laryngoscope Handles , Bulbs Batteries	5. 1 x Catheter Mount	5. 2 x IV cannula size 22G
6. 1 x Laryngoscope Blades 3	6. 1 x Sterile scissors	6. 10 x Pairs of non sterile gloves
7. 1 x Laryngoscope Blades 4	7. 1 x Anaesthetic mask size 4 Green	7. 5 x Luer lock syringes 20ml
8. 2 x Endotracheal ties	8. 1 x Anaesthetic mask size 5 Orange	8. 4 x Luer lock syringes 50ml
9. 1 x Magill Forceps	9. 1x Stethoscope	9. 3 x Chloraprep skin wipes
10. 1 x Tape for securing ET	10. 1 x Wave form capnograph	10. 10 x Alcohol wipes
11. 3 x Lubricant gels		11. 2 x Blood./Colloid fluid giving sets (Gravity)
12. 1 x Stylet		12. 5 x Infusion device giving sets
13. 1 x Gum Elastic Bougie	**Suction Equipment**	13. 5 x infusion device extension sets
14. 1 x Tracheal dilator	1. 2 x Yankauer suckes	14. 4 x 3-way taps (or equivalent)
15. 1 x Scalpel size 22	2. 2 x Suction catheters (10F)	15. 10 x Obturators (Red and/or white bungs)
16. 1 x 10ml syringe	3. 2 x Suction catheters (12F)	16. 1 x Micropore tape
17. 1 x Torch	4. 2 x Suction catheters (14F)	17. 4 x Gauze
18. 2 x face masks	5. 2 x Suction tubing	18. 5 x Cannula dressings
19. 1 x ETC02 indicator		19. 12 x ECG Electrodes
20. 1 x Waters circuit		20. 1 x Trauma shear scissors
	External Equipment	21. 10 x Labels
	1. 1 x self-inflating bag and mask with oxygen reservoir and tubing (BVM)	22. 10 x Sodium Chloride ampoules (flush)
Self-ventilating Equipment		**Interventional circulation Equipment**
1. 1 x Gudel airways size 2		1. 1 x EZ-IO Intraosseous Device
2. 1 x Gudel airways size 3		2. 3 x EZ-IO Needles
3. 1 x Gudel airways size 4		3. 5 x Needles Green
4. 1 x Nasopharyngeal airways 6		4. 5 x Needles Blue
5. 1 x Nasopharyngeal airways 7		5. 5 x Needles White
6. 1 x Oxygen Mask-non rebreathe size 4		6. 5 x Drawing up needles
7. 1 x Oxygen Mask-non rebreathe size 5		7. 2 x Tourniquets
8. 2 x Oxygen tubing		
Inside pounch on side of bag		
1. 2 x Clinical waste bags		
2. 1 x Sharps box (to be sourced locally)		
3. 1 x Hand-held portable suction		
4. 3 x IV Fluids (crystalloid) 500ml		
5. 1 x Pressure bag		

Transfer bags should be checked and restocked after each use. All equipment should be regularly serviced and maintained in accordance with manufactures instructions.

Appendix 6

Pre Transfer check lists

A simplified pre-departure check list (below) is incorporated into the WYCCODN pre transfer check list. This should be completed and signed immediately before departure as a final check that preparations are complete. This should be retained with the referring hospital medical records.

Pre Transfer Check List

Critical Care Transfer to Another Hospital

Check sheet for preparation of a patient for transfer to another hospital

Details of person completing pre transfer check sheet

Name.....
Designation .....
Signature .....

Date ☐ **Time** ☐

Before Moving The Patient Consider:

Reason:	Can the patients needs be met within the existing hospital
Timing:	Does this transfer need to be done at this time
Team:	Are the right people available to conduct the transfer safely
Transport:	Booked and reference number documented
Risk:	What are the predictable risks & will the base hospital be exposed whilst the team are deployed

Preparing For Transfer:

E	EQUIPMENT	Establish on transfer ventilator and secure patient on trolley Full monitoring to ICS standard Emergency drugs, oxygen and fluids available Transfer bag checked (including battery back up) Consider spinal immobilisation if necessary Specialist equipment e.g. balloon pump, warning blankets	☐ ☐ ☐ ☐ ☐ ☐
S	Systematic	Full ABCDE assessment Confirm airway secure 2 Working and accessible intravenous access points Confirm patient stable and suitable of transfer	☐ ☐ ☐ ☐
C	Communication	Inform patient (if not sedated) and family Confirm transfer, requirements and ETA with receiving unit Mobile telephone available	☐ ☐ ☐
O	Observations	Commence inter-hospital transfer charting Full set of observations recorded Confirm patient stable and suitable of transfer	☐ ☐ ☐
R	Recent Investigations	Handover documentation completed Recent investigation results including arterial blood gas Confirm radiological images transferred electronically	☐ ☐ ☐
T	Team	Skill mix of transfer team appropriate Protective clothing / high visibility jackets available Is the unit safe to leave?	☐ ☐ ☐

After Transfer

Team Debrief
Restock transfer bags
Submit Network audit data

Appendix 7

Documentation and Audit

A revised A3 transfer document has been developed to support the transfer of critically ill patients. The form is carbonated to allow two contemporaneous copies to be produced. (Three copies in total). The pre transfer risk assessment, pre transfer check sheet and unit contact details will be printed on the reverse side of the back page of the transfer form.

Copies will be available in all units, EDs and any other areas where critical care transfers could originate. All information should be completed as fully as possible to enable effective audit data to be collected. The frequency of recording observations will be determined by clinical need and influenced by the length of journey but should not be less than every 15 minutes.

The top copy of the form should be retained in the patients' medical records at the receiving hospital / trust. The middle copy should be returned to the WYCCODN office (by the transferring team) for audit purposes. The back copy of the form (with pre-transfer risk assessment and check lists on reverse) should be retained in the patients' medical records at the transferring hospital / trust.

Any critical incidents occurring during transfer should be noted on the form, details recorded on the patients' medical records and a Datix completed to enable follow up.

Handover documentation

To facilitate effective handover at the receiving hospital, handover documentation has also been developed. This is intended to ensure that information that is not strictly relevant to the transfer but is none the less important, is available / recorded.

Inter-hospital Transfer Form

West Yorkshire
Critical Care & Major Trauma
Operational Delivery Networks

Patient Details (patient sticker)

Surname..... Date of Birth.....

First name..... NHS number.....

Address .....

Transfer Details

Transferring Hospital.....

Unit / Department / Ward.....

Referring Consultant.....

Receiving Hospital.....

Unit / Department Ward.....

Specialty Consultant accepting transfer .....

ICU Consultant accepting transfer.....

Contact number .....

Reason for Transfer

- Specialty Care ☐
- Which Specialty.....
- CC bed space available but not staffed ☐
- No CC bed space available ☐
- Repatriation ☐

YAS Response Requested

- P1 Immediate 8 minute ☐
- P2 Urgent 1 hour ☐
- P3 Non urgent < 4 hours ☐
- P4 Planned ☐

See WYCCODN Transfer Guidelines for YAS IFT priorities

Transfer Timeline

	Date	Time
Referral Accepted (bed available)	/ /	:
Ambulance Requested	/ /	:
Ambulance Arrived	/ /	:
Departure from Base	/ /	:
Arrival at Destination	/ /	:
Team Departure	/ /	:

Risk Assessment

Transfer Risk: Low ☐ Medium ☐ High ☐

Pre transfer check list completed: ☐

Transferring Personnel

Doctor (Name)..... Grade.....

Nurse (Name)..... Grade.....

Other (Name)..... Grade.....

Primary Diagnosis

Level of Care Required L1 ☐ L2 ☐ L3 ☐

Airway

- Maintaining Own Airway ☐
- Endotracheal Tube ☐
- Tracheostomy ☐

Ventilation

- Oxygen (face mask / NC) ☐
- CPAP / NIV ☐
- Invasive Ventilation ☐
- FiO2 (max).....
- Peak Airway pressure.....
- PEEP.....
- VT.....
- Number of chest drains.....

Monitoring

- ECG ☐
- NIBP ☐
- Arterial BP ☐
- CVP ☐
- ETCO2 ☐
- Oxygen saturation ☐
- Intracranial pressure ☐

Vascular Access Devices

- Intra-osseous ☐
- Peripheral ☐
- Central (CVP) ☐
- Vascath ☐

Critical Incident During Transfer Yes ☐ No ☐
(please specify)

Details recorded in patient notes : YES ☐ **Datix Ref**.....

Notes or Additional Comments

Handover Completed

Escorting Doctor / Nurse	Date	Time
Signature.....	/ /	:
Receiving Doctor.....		
Signature.....	/ /	:

Frequency of observations to be determined by clinical need. Suggested minimum frequency every 15 minutes.

		TIME															
GCS		EYES (1-4)															
		VERBAL (1-5)															
		MOTOR (1-6)															
		GCS TOTAL (3-15)															
GCS	1	2		3		4		5		6							
Eyes	None	To pain		To Speech		Spontaneously											
Verbal	None	Incomprehensive		Inappropriate		Confused		Orientated									
Motor	None	Extension		Abnormal		Normal Flexion		Localized to pain		Obeys Commands							
PUPILS	RIGHT	SIZE															
		REACTION															
	LEFT	SIZE															
		REACTION															
SEDATION	RASS SCORE																
DRUGS																	
FLUIDS																	
VENTILATION PARAMETERS		FiO_2															
		$ETCO_2$															
		PEAK AIRWAY PRESSURE															
		TIDAL VOLUME (mls)															
		SpO_2															
		RESPIRATORY RATE															
1 •	BP AND PULSE RATE	190															
2 •		180															
3 •		170															
4 •		160															
5 •		150															
6 •		140															
7 •		130															
8 •		120															
		110															
		100															
		90															
		80															
		70															
		60															
		50															
		40															
		30															
		20															
	BLOOD GLUCOSE																
	CENTRAL VENOUS PRESSURE																
	URINE OUTPUT																
	CHEST DRAINAGE																
	TEMPERATURE																

Top copy to be placed in patient record in receiving unit, Middle copy to be returned to WYCCODN office* for audit purposes, Bottom copy to be retained by transferring unit and placed in patient records.
*Manager / Lead Nurse WYCCODN, X92 C Floor, Brotherton Wing, Leeds General Infirmary, Leeds, LS1 3EX

West Yorkshire
Critical Care & Major Trauma
Operational Delivery Networks

Pre Transfer check sheet

Transfer Risk Assessment

NB Risk assessment is to some extent subjective and other factors not listed may influence the perceived risk. The risk tool is provided for guidance only. It is the referring consultants responsibility to ensure that the transfer is appropriate and that the transferring team have the necessary skills required.

Low Risk

NEWS 1-4
Maintaining airway
FiO_2 < 0.4 / Base deficit < - 4 mmol/l
Not requiring inotrope / vasopressor support
GCS ≥ 14
Normothermic

Nurse / Practitioner with appropriate competencies only

Medium Risk

NEWS 5-6
Maintaining airway
FiO_2 < 0.4 —0.6 / Base deficit –4 to— 8 mmol/l
low dose inotrope / vasopressor support < 0.2ug/kg/min
GCS 9-13 (consider elective intubation)
Hypo / Hyperthermic

Doctor accompanied by Nurse / Practitioner with appropriate competencies
If potential to deteriorate then doctor should have critical care and advanced airway competencies

High Risk

NEWS 7 or more
Intubated / ventilated
FiO_2 > 0.6 Base deficit > -8mmol
CVS unstable and / or
requiring inotrope / vasopressor support > 0.2ug/kg/min
Hypo / Hyperthermic
Major trauma e.g head / chest / abdominal / pelvic injury

Doctor with critical care and advanced airway competencies accompanied by Nurse / Practitioner with appropriate competencies

NEWS Score ☐ **Level of risk: Low ☐ Medium ☐ High ☐**

Name.....
Designation.....
Signature.....
Date ☐ **Time** ☐

Pre transfer check List

Critical Care Transfer to Another Hospital

Check sheet for preparation of a patient for transfer to another hospital

Before Moving The Patient Consider:

Reason:	Can the patients needs be met within the existing hospital
Timing:	Does this transfer need to be done at this time
Team:	Are the right people available to conduct the transfer safely
Transport:	Booked and reference number documented
Risks:	What are the predictable risks & will the base hospital be exposed whilst the team are deployed

		Preparing For Transfer:	Tick
E	Equipment	Establish on transfer ventilator and secure patient on trolley	☐
		Full monitoring to ICS standard	☐
		Emergency drugs, oxygen and fluids available	☐
		Transfer bag checked (including battery back up)	☐
		Consider spinal immobilisation if necessary	☐
		Specialist equipment e.g. balloon pump, warming blankets	☐
S	Systematic Examination	Full ABCDE assessment	☐
		Confirm Airway secure	☐
		2 Working and accessible Intravenous access points	☐
		Confirm patient stable and suitable of transfer	☐
C	Communication	Inform patient (if not sedated) and family	☐
		Confirm transfer, requirements and ETA with receiving unit	☐
		Mobile telephone available	☐
O	Observations	Commence inter-hospital transfer charting	☐
		Full set of observations recorded	☐
		Confirm patient stable and suitable of transfer.	☐
R	Recent Investigations	Handover documentation completed	
		Recent investigation results including arterial blood gas	☐
		Confirm radiological images transferred electronically	☐
T	Team	Skill mix of transfer team appropriate	☐
		Protective clothing / High visibility jackets available	☐
		Is the unit safe to leave?	☐

After Transfer, Remember
Team Debrief
Restock transfer bags
Submit Network audit data

Details of person completing pre transfer check sheet

Name.....
Designation.....
Signature.....
Date ☐ **Time** ☐

Patient Details (patient sticker)

Surname..... Date of Birth.....
First name..... NHS number.....
Address .....

Critical Care Unit Contact Details

Airedale NHS Trust

Airedale General Hospital
Skipton Road Keighley BD20 6TD

Switch board	01535 652511
Intensive Care	01535 292261
	01535 292263

Bradford Teaching Hospitals NHS Trust

Bradford Royal Infirmary
Duckworth Lane Bradford BD9 6RJ

Switch Board	01274 542200
Intensive care	01274 364126
	01274 364566

Calderdale & Huddersfield NHS Trust

Calderdale Royal Hospital
Salterhebble Halifax HX3 0PW

Switch Board	01422 357171
Intensive Care	01422 342452
	01484 342453

Huddersfield Royal Infirmary
Acre Street Lindley HD3 3EA

Switch Board	01484 342000
Intensive Care	01422 222272

Harrogate NHS Foundation Trust

Harrogate District Hospital
Lancaster Park Road Harrogate HG2 7SX

Switch Board	01423 885959
Intensive Care	01423 553353

Leeds Teaching Hospitals NHS trust

Leeds General Infirmary
Great George Street Leeds LS1 3EX

Switch board	0113 243799
General ICU (LO3)	0113 3927403
Cardiac ICU (LO4/5)	0113 3927405
Neuro ICU (LO6)	0113 3927406
Neuro HDU (LO6)	0113 3927407

ST James's University Hospital
Beckett Street Leeds LS9 7TF

Switch board	0113 2433144
Intensive care (J54)	0113 2069154
HDU (J81)	0113 2069181

Mid Yorkshire Hospitals NHS trust

Pinderfields hospital
Aberford Road Wakefield WF1 4DG

Switch Board	0844 8118110
Intensive Care	01924 543079

WYCCODN

X92 C Floor
Brotherton Wing
Leeds General Infirmary
Leeds
LS1 3EX

Office: 0113 392 2903
Mobile: 07538 200367

Website: www.wyccodn.org.uk

Handover documentation

Information sheet for patient transfer from ICU to ICU

West Yorkshire Critical Care & Major Trauma Operational Delivery Networks

Patient ID Label	
Name	
DOB	
NHS Number	
Hospital Number	

Date admitted to hospital	
Date admitted to ICU/HDU	
Consultant	

Preferred Name	
Age	
Gender	
Religion	
Preferred First Language	

Personal Contact	**First Contact**	**Second Contact**
Name		
Relationship		
Address		
Contact Number		
Aware of Transfer		
Past Medical History		
Allergies		
Diagnosis		
Infection Status		
Antibiotics		

Summary of Critical Care Admission :

Social Issues :

DNAR Form Completed : Yes / No If yes provide date of last review :

Airway

ETT / Tracheostomy	*Please circle*
Size	
Type of tube	
Length at lip	
Grade of Intubation	
Date of intubation	
Date last tube change	

Breathing

Ventilation Mode	
Rate	
Oxygen	
PEEP	
Pressure	
Tidal Volume	
Target Sa02	
Secretions	
Nebulisers	

Circulation

Heart Rate / Rhythm	
Blood Pressure	
MAP Aim	
Inotropes	
Urine Output	
RRT	

Disability

Pre sedation GCS	
Sedated	
Rass Score	
CAM ICU	
Pupil Size / Reaction	
Pain score	
Blood Sugar	
Insulin Sliding Scale	
Wounds	

Exposure

Temperature	
Enteral / Parental (Type of feed)	
Rate of feed	
Bowels Last Opened	
Type of stool	
Waterlow Score	

Comments :

Indwelling Devices

Device	Date of insertion	Site	Comments
Arterial Line			
CVC			
Vascular Catheter			
Peripheral Cannula 1			
Peripheral Cannula 2			
NG/NJ			
Urinary Catheter			
Faecal Management			
Drain 1			
Drain 2			

Nurse Completing		Nurse Handing Over		Nurse Accepting Patient	
Signature	Date:	Signature	Date:	Signature	Date:

Appendix 8

Repatriation

National standards state: - *the transfer of a patient to a trust closer to home, to continue their enablement following specialist critical care should occur within 48 hours of the decision to transfer*. (D16 commission standards - draft - 2014)[8]. This principle should be applied to all patients requiring repatriation within the WYCCODN area.

- The timing of the referral / request for reparation from specialist units will be determined by the clinical condition of the patient and the lack of continued requirement for specialist care.

- The timing of the referral / request for repatriation from non-specialist units (for example following non clinical transfer to another centre in WYCCODN) will be determined by both clinical condition of the patient and knowledge of prevailing operational pressures on both sites. There may need to be a degree of pragmatism in decision making - there is for example little point in requesting repatriation if this will simply result in the non-clinical transfer of another patient to facilitate the repatriation.

- Once a referral / request for repatriation is made, repatriation should occur within 48 hours of the patient being accepted. Repatriation should take priority over elective admissions.

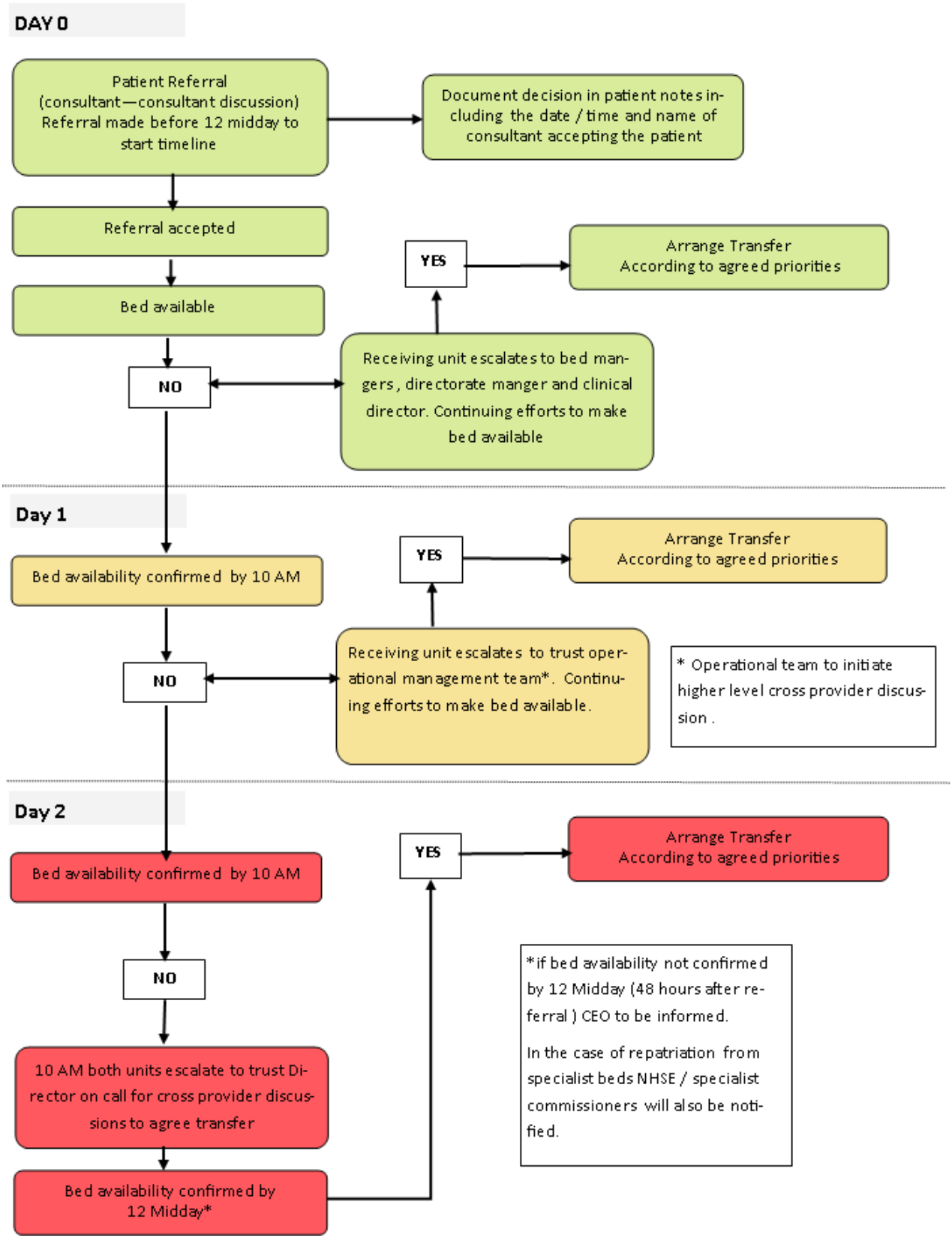
If there are delays in the repatriation / transfer process this should be escalated as per the agreed escalation pathway. (See below).

The following ambulance priorities can be applied to the repatriation scenarios described.

Repatriation scenario	Description	YAS Priority
Patient requires repatriation from specialist / tertiary critical care facility. (no longer requires specialist level care)	Critical care transfer Clinical Reasons* *Joint FICM / ICS Core Standards for critical care 2013 Section 2.4	**Priority 3 < 4 hours** Priority 2 < 1 hour if bed required for urgent admission in specialist centre
Patient requires repatriation from another critical care unit in WYCCODN area following non clinical transfer for capacity reasons.	Critical care transfer Non clinical reason **Not urgent**	**Priority 4 < 8 hours*** Priority 2 < 1 hour if bed required for urgent admission in transferring unit
Patient requires repatriation to a facility outside of the area.	Critical care transfer Non clinical reason **Not Urgent**	Priority 4 < 8 hours if required same day* Planned transfer (next day) agreed time with patient transfer service.

***Priority currently under review**

Repatriation Escalation Policy



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5. Comprehensive Critical Care: A Review of Adult Services (Dept of Health: 2000)

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7. A consensus to determine the ideal transfer bag: Journal of the Intensive Care Society: 2016 Vol 17(4) 332-340

8. NHS England. D16 NHS standard Contract for critical care: Schedule 2 - The services - A. Service specifications. NHS England 2014.

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