



CHECKLIST

Critical-care transfer

Inter- and intra-hospital transfer of the ventilated or unstable patient



EM Orbit

Patient reference

Date

Time

Completed by

Stabilise, then package, then move. Every transfer needs a doctor who can manage the airway, enough oxygen for twice the journey, and an accepting name.

Decision and communication

- ☐ **Accepting consultant and bed confirmed: name, unit, phone number**
- ☐ Transfer team competent for the patient: airway-capable clinician plus nurse or paramedic
- ☐ Family informed; notes, imaging and drug chart copied or sent electronically

Patient stabilised

- ☐ **Airway secure: tube depth checked, tied, cuff pressure, capnography; consider intubating BEFORE transfer if the airway may fail en route**
- ☐ Ventilation on the transport ventilator for 10 minutes before leaving with a gas checked
- ☐ Haemodynamics: two working IV lines, arterial line if on vasopressors, infusions with a spare syringe of each
- ☐ Sedation and paralysis plan; analgesia; glucose checked
- ☐ Chest drains on a functioning seal, not clamped; NG on free drainage; catheter

- ☐ Spinal precautions or splints as indicated; pressure-area protection; warmth

Equipment and drugs

- ☐ **Oxygen: calculate need = minute volume $\times$ FiO₂ $\times$ journey minutes $\times$ 2 safety margin; cylinders full**
A full CD cylinder $\approx$ 460 L; an E cylinder $\approx$ 680 L.
- ☐ Monitor with ECG, SpO₂, NIBP/invasive BP, ETCO₂; batteries charged; spare battery
- ☐ Transfer bag: BVM, airway adjuncts, laryngoscope, tubes, suction, emergency drugs, fluids, defibrillator
- ☐ Drugs drawn up and labelled: induction, paralysis, vasopressor, sedation, adrenaline, atropine
- ☐ Phone with numbers for the receiving unit and the base; route and vehicle agreed

Handover on arrival

- ☐ ISBAR handover to the receiving team; observations and drugs during transfer documented
- ☐ Equipment retrieved and restocked; incident reported if any

