ICU TRANSFER FORM

INSTRUCTIONS FOR USE OF THIS FORM
To be used for all patients transferred to ICU - this is a legal record of transfer

PATIENT DETAILS

Name _____

Address _____

_____ Postcode _____

Age or DOB _____

Male/Female _____

TRANSFER DETAILS

Transferring Unit Name _____

Recipient Unit Name _____

Date of Admission to Hospital _____

Date of Transfer _____

Time _____

Transferred From: ICU ☐ | WARD ☐ | A&E ☐ | THEATRE ☐ | OTHER

Is this a TRAUMA Patient: Yes ☐ No ☐

Reason for Transfer: No staffed bed space in ICU ☐ | No bed space in ICU ☐ | Expert Management ☐ | Other (please state)

HISTORY & CLINICAL FINDINGS

Pre-Sedation GCS ☐

STABILISATION TIME

Time Commenced: ☐

Time Ready to Transfer: ☐

AMBULANCE DETAILS

Incident No: ☐

Time Arrived on Scene: ☐ Time leftScene: ☐ Arrived ICU: ☐

STAFF ARRANGING TRANSFER

At Transferring Hospital

Name: _____

Grade: _____ Spec _____

At Recipient Unit

Name: _____

Grade: _____ Spec _____

ESCORTING PERSONNEL

Doctor:

Name: _____

Grade: _____ Spec _____

Transfer Training YES ☐ NO ☐

Nurse/ODA:

Name: _____

Grade: _____ Spec _____

Transfer Training YES ☐ NO ☐

VENTILATION DURING TRANSFER

Please tick appropriate boxes

Spontaneous ☐ Mechanical ☐ Ambu Bag ☐

ET Tube Size ☐

Ventilator Type ☐

Tidal Volume (V_T) ☐

Peak Inflation Pressure ☐

Peep ☐

F_1O_2 ☐

RR ☐

No. and site of lines

MONITORING

Please tick appropriate boxes

ECG ☐

NIBP ☐

IABP ☐

SaO_2 ☐

Temp ☐

$ETCO_2$ ☐

PA Catheter ☐

CVP ☐

Other (please state)

Time																						Time
Drugs																						
Monitoring																						
SaO_2																						
$ETCO_2$																						
220																						220
200																						200
180																						180
160																						160
140																						140
120																						120
100																						100
80																						80
60																						60
Fluids																						

Please list any precautions taken for fractured spine at any level.

TRANSFER COMMENTS / PROBLEMS:

Signature of Escorting Doctor _____

COMMENTS OF RECEIVING DOCTOR:

Signature of Receiving Doctor _____

INSTRUCTIONS

When you have completed this form, please insert the White Copy in Patient Notes at Recipient Site. Post Yellow Copy to ICBIS (pre-addressed envelopes are available in all ICU's), and the Green Copy should be fixed into the Transferring Hospital's Notes.