

1) **PREPARE FOR TRANSFER**

- ☐ INFORM ICU / HDU TEAM ***15 minutes*** BEFORE ARRIVAL
- ☐ USE TRANSFER CHECKLIST (if in ED)

2) **ARRIVE ON ICU / HDU**

- ☐ ENSURE ICU / HDU TEAM AT BEDSIDE
- ☐ LEAVE PORTABLE MONITORING ON

3) **IF APPLICABLE: ANAESTHETIST & NURSE ESTABLISH ICU VENTILATION**

- ☐ ANAESTHETIST TO:
 - RE-ASSESS OBSERVATIONS & CAPNOGRAPHY ON PORTABLE MONITOR
 - ASSESS SEDATION & ADMINISTER IF NECESSARY

4) **MOMENT OF SILENCE**

- ☐ TEAM MEMBER INTRODUCTIONS BY NAME & ROLE:

<input type="checkbox"/> EMERGENCY DEPARTMENT NURSE	<input type="checkbox"/> ICU / HDU DOCTOR
<input type="checkbox"/> ODP or ANAESTHETIC NURSE	<input type="checkbox"/> ICU / HDU NURSE IN CHARGE
<input type="checkbox"/> WARD or RECOVERY NURSE	<input type="checkbox"/> ICU / HDU BEDSIDE NURSE
<input type="checkbox"/> CRITICAL CARE NURSE	<input type="checkbox"/> ICU / HDU CONSULTANT (if available)
<input type="checkbox"/> ANAESTHETIST or OTHER DOCTOR	<input type="checkbox"/> OTHER:

- ☐ CLARIFY LEAD

5) **VERBAL HANDOVER**

- ☐ ANAESTHETIST HANDOVER (if applicable)
- ☐ NURSE HANDOVER
- ☐ LEAD TO ASSIGN ROLES FOR TRANSFER (from trolley to bed)

6) **TRANSFER PATIENT** (or monitoring only, if already on bed)

- ☐ ICU/HDU NURSE TO ESTABLISH MONITORING (ECG/BP/EtCO₂/SpO₂)

7) **ICU / HDU DOCTOR & LEAD REVIEW OBSERVATIONS**

- ☐ ENSURE PATIENT STABLE BEFORE LEAVING

TRANSFERRING LEAD'S NAME & BLEEP: _____

ICU / HDU HANDOVER

CONSULTANT(S):

DATES & TIMES OF ADMISSION:

TRANSFER:

POLICE PASSWORD (if applicable):

AFFIX
PATIENT
STICKER
HERE

PATIENT

PMHx

DRUGS

ALLERGIES

PROBLEM

Dx

Ix

PC/HPC

Mx

1° SURVEY / EXAM

CRITICAL INCIDENTS

PLAN

OUTSTANDING ISSUES:

LMWH / UFH: Y / N (dose? time?)

ABx: Y / N (type? duration?)

DRAINS: Y / N (site?)

FEEDING: Y / N (type?)

TARGETS:

MAP (mmHg)

PaO₂ (kPa)

UO (mls/hr)

PaCO₂ (kPa)

SPECIAL REQUIREMENTS:

FAMILY AWARE: Y / N
FAMILY CONTACTS:

SIGN & BLEEP:

AIRWAY:

OWN or INTUBATED? (circle)

ETT – TYPE / SIZE / LENGTH

INTUBATION GRADE

INDICATION FOR INTUBATION

BREATHING:

RR / SpO₂ / FiO₂

VENTILATOR SETTINGS (if applicable)

ABG (latest)

CXR

CIRCULATION:

HR / BP / CRT

VASCULAR ACCESS

CV SUPPORT / INOTROPES

URINE OUTPUT

TOTAL FLUIDS

DISABILITY / DRUGS:

GCS (pre-intubation)

PUPILS (pre-intubation)

GLUCOSE / TEMPERATURE

ANTIBIOTICS

OTHER DRUGS (e.g. infusions, insulin)

EXPOSURE / EQUIPMENT:

INFUSIONS LABELLED? Y / N

OTHER EQUIPMENT (e.g. splints / drains)

INJURIES / LOG-ROLL

PRESSURE AREAS INTACT? Y / N