#### **CLINICAL PRACTICE GUIDELINE**

# Transfer of a Critically Unwell Patient to an ICU at another Hospital

This document should be read in conjunction with the **Disclaimer** 

### **Aims**

- To define the processes required to transfer a critically unwell patient from KEMH to another hospital for ongoing clinical care.
- To ensure the safe and timely transfer of the patient.
- To maintain the confidentiality of patient records between hospitals.

## **Key Points**

- Inpatients at KEMH may require transfer to other hospitals for ongoing care.
   The date, time and reasons for transfer must be documented in the Patients medical record.
- The referring obstetric / gynaecology Medical Officer is responsible for contacting the appropriate hospital directly to discuss the case with accepting team (usually surgeon on call).
- The referring anaesthetist is responsible for contacting the anaesthetic team (ICU) at the receiving hospital and arranging the transfer. This ensures a bed is available for the patient in the appropriate ward i.e. ICU, CCU and the medical staff at the receiving hospital are aware of the patient's medical condition prior to transfer.
- St John's Ambulance shall be used for transfers between hospitals. This ensures the appropriate level of clinical care is available during transfer.
- St John's Ambulance shall be contacted by either the Clinical Hospital Manager, the medical team or the co-ordinator of the clinical area.
- The most appropriate staff member should accompany the patient to the receiving hospital after consultation with medical staff and Clinical Hospital Manager
- All ventilated patients must be accompanied by an anaesthetist and an anaesthetic technician.
- Whenever an anaesthetist accompanies a patient during transfer, an anaesthetic technician with the transfer bag, and any appropriate equipment required for patient care shall also be in attendance.
- In no circumstances shall the original patient medical record accompany the patient. Photocopies of the original documents shall be sent with the patient. These documents shall be placed in a sealed envelope and handled by the accompanying clinical staff
- Every effort should be made to have all documents and correspondence for the patient available in the current admissions folder. Diagnostic reports

should be signed off by medical staff and attached in the record prior to transfer.

- A patient transfer details form should be completed for the St John Ambulance staff.
- An electronic Datix CIMS form must be completed by either the medical staff, co-ordinator or nurse manager.
- A taxi voucher must be provided to the accompanying staff for the return journey to KEMH.
- The following documents should accompany the woman to the receiving facility

## **Gynaecology Patients**

- Photocopies of all the current notes and charts.
- Patient Inter-hospital transfer form MR 252.
- · Letter to the admitting team.

#### **Obstetric Patients**

- Photocopies of all the current notes and charts including and midwifery and
- Laboratory results.
- A copy of STORK paperwork
- Letter to the admitting team.

Keywords:	ICU, transfer, another hospital, obstetric, gynaecology, ambulance, medical staff, critically, unwell		
Document owner:	OGCCU		
Author / Reviewer:	Evidence Based Clinical Guidelines Co-ordinator		
Date first issued:	May 2009		
Last reviewed:	July 2016	Next review date:	July 2019
Endorsed by:	OGCCU Management Committee	Date:	13.7.2016
Standards Applicable:	NSQHS Standards: 1  Clinical Care is Guided by Current Best Practice 6- Clinical Handover 9 Clinical Deterioration,		
Printed or personally saved electronic copies of this document are considered uncontrolled.			

Access the current version from the WNHS website.

Page 2 of 2