Frimley Park Hospital NHS
NHS Foundation Trust

In conjunction with the Ministry of Defence

Guideline for Transfer of Patients
(Excluding Maternity)

Originator	Head of Nursing For Practice Development & Education.
Lead director	Director of Nursing
Version number	3
Implementation date	July 2011
Ratified at:	Clinical Risk Committee
Reviewed:	October 2013
Next Review date:	October 2015

Contents

1.0 Introduction

This guideline is to be adhered to for any patient who requires a transfer to another ward or department within or outside of the hospital. The potential benefits of transfer must be weighed against the risk. It must be established that the transfer is in the best interests of the patient and that the treatment or investigation is actually required, if not available in the current location.

The safety of the remaining patients must also be taken into consideration. If you assess the safety of the remaining patients, within the area from which you are transferring might be compromised by nurses leaving to accompany a patient on transfer, this must be reported to the senior nurse on duty at the earliest opportunity, as stated in the Nursing Midwifery Council (NMC) Code of Practice (2008). If this is a regular occurrence, consideration must be given to providing additional nursing support to facilitate.

Levels of care of adult patients

This defines the “level of care” of adult patients and will be used as reference within the policy:-

Level 0	Patients whose needs can be met on a normal ward in an acute hospital.
Level 1	Patients at risk of deterioration, or those relocated from higher levels of care, whose needs can be met on an acute ward with additional advice and support from higher levels of care.
Level 2	Patients requiring more detailed observation or intervention including support for single organ failure or postoperative care and those stepping down from higher levels of care.
Level 3	Patients requiring advanced respiratory support alone or basic respiratory support together with support of at least 2 organ systems. This level includes all critically ill patients requiring support for multi-organ failure

(Intensive Care Society 2002)

2.0 Purpose

The aim of this guideline is to ensure that there is continuity of care for the patient without any detrimental effect, thus ensuring that the patient will receive optimal care during the time of transfer.

3.0 Scope

This trust wide document applies to all patients with the trust requiring transfer within or outside of the trust. The policy should be adhered to by all staff that may be involved in the transfer of patients.

4.0 Duties

Director of Nursing, Executive Lead

- To advise the board of any significant incidents that arises from patient transfer.

Heads of Nursing, Matrons and Ward Managers

- Responsible for ensuring the safe transfer of patients within their own area.
- To ensure that staff are made aware of the trust guideline for transfer of patients.
- To act upon incidents arising from patient transfer.

Patient Safety Manager

- To identify patient safety issues arising from patient transfer
- To ensure appropriate investigations are undertaken of these incidents

Head of Nursing for Practice Development and Education

- To undertake a six monthly audit of patient transfer to monitor compliance with the minimum requirements of the guideline.
- To present the findings of the audit to the Heads of Nursing committee, Clinical effectiveness and audit committee and Clinical Risk committee.
- To ensure adequate provision for training and education in patient transfer

Infection Control Nurse Specialist/On Call Medical Microbiologist

- To advise staff if required to prioritise side-room usage for infectious conditions in accordance with the Trust 'Prioritisation of Single Rooms for Infectious Patients' tool should queries arise.

Outreach and Night Nurse Practitioner

- To manage the safe transfer of Level 2 & Level 3 patients within the trust.

Anaesthetist

- To manage the safe transfer of level 3 patients within the trust.

Specialist Nurse for older people

- To ensure the appropriate patients are safely transferred to community hospital for rehabilitation.
- To monitor any incidents or trends related to the community transfers and provide an annual report.

All Qualified Staff

- To ensure that the transfer policy is adhered to when transferring a patient.
- To report clinical incidents to their manager regarding incidents relating to patient transfer.

5.0 Transfer process for specific patient groups.

5.1 Patients who are transferred to other ward/units within the hospital

5.1.1 Accident and emergency to ward

All patients who are assessed and require admission to hospital will be transferred from A&E to the ward and be escorted to the ward area by a porter and qualified nurse or unregistered nurse as set out in section 8.

Prior to transfer A&E will:-

- *Confirm receiving ward ready to accept patient (telephone call from Bed manager / A&E).*
- *Inform receiving ward of infection status.*
- *Provide Print out from Symphony.*
- *Refer to section 7.0 of the guidelines "Transfer process for intra hospital transfers".*
- *Refer to section 8.0 of the guidleines "Patient escort"..*

5.1.2 Medical assessment unit to the ward

All patients who are assessed and require admission to a ward from the medical assessment (MAU) to the ward.

Prior to transfer MAU will:-

- *Confirm receiving ward ready to accept patient.*
- *Inform receiving ward of infection status.*
- *Complete the Hospital Transfer Form (Appendix2).*
- *Refer to section 7.0 of the guidelines "Transfer process for intra hospital transfers".*
- *Refer to section 8.0 of the guidelines "Patient escort".*

5.1.3 Increase level of care to 1, 2& 3 (A&E / Ward to Intensive Care Unit or Level 1)

Patients who have become acutely unwell and their level of dependency have increased, on transfer follow details set out in Appendix 2.

- *Level 1 patient must be escorted from the ward environment/A&E to ADU by a registered nurse.*
- *Level 2 patients must be escorted from the ward environment/A&E to Intensive Care/ADU by a member of the outreach team / senior intensive care nurse or if out of normal hours the night nurse practitioner.*
- *Level 2 patients must be escorted from the A&E department by a nurse competent to work in the Resuscitation room.*
- *Level 3 patients must be escorted from the ward environment/ A&E to Intensive Care by a member of the outreach team / senior intensive care nurse or if out of normal hours the night nurse practitioner. An anaesthetist must also be present on the transfer.*
- *Receiving consultant accepted patient.*
- *A verbal handover will be given to the receiving unit.*
- *Documentation of the change in condition will be recorded in the patient's medical notes.*

When the decision is made that a child requires increase level of care, the consultant looking after the child will liaise with the retrieval team. All South Thames paperwork will need to be completed, these can be found on the intranet). All paediatrics awaiting retrieval will be nursed in Recovery /ITU with a paediatric trained nurse/ITU trained nurse until the retrieval team arrives.

5.1.4 Decrease level of care (Level 1/Intensive Care Unit to Ward)

Intensive care staff will liaise with bed managers to facilitate transfer of any patients whose level of dependency have reduced and are identified as suitable for transfer to a ward environment. The patient will be escorted by a porter and a qualified nurse.

Prior to transfer Intensive care will:-

- *Confirm the receiving ward is ready to accept.*
- *Inform receiving ward of infection status.*
- *Complete the Hospital Transfer Form(Appendix 2).*
- *Refer to section 7.0 of the guidelines "Transfer process for intra hospital transfers"*

5.1.5 Ward to Ward

Patients who require transfer from ward to another ward, for outlying or in-lying.
Prior to transfer staff will:-

- *Confirm the receiving ward is ready to accept.*
- *Inform receiving ward of infection status.*
- *Complete the Hospital Transfer Form(Appendix 2).*
- *Refer to section 7.0 of the guidelines "Transfer process for intra hospital transfers".*
- *Refer to section 8.0 of the guidelines "Patient escort".*

5.2 Patients who are transferred to another department within the hospital for the purpose of investigation or procedure.

5.2.1 Transfer to other departments (i.e. scanning, X-ray)

Patients who are to be transferred to another department within the trust.
Prior to transfer staff will:-

- *Confirm the department is ready to accept.*
- *Inform receiving department of infection status.*
- *Refer to section 7.0 of the guidelines "Transfer process for intra hospital transfers".*
- *Refer to section 8.0 of the guidelines "Patient escort".*
- *Ensure patients notes are sent with patient.*
- *Ensure patient manual handling glide sheet is sent with patient*

5.2.2 Transfer to theatre and back to ward.

Patients who are to be transferred to theatre.
Prior to transfer staff will:-

- *Confirm the department is ready to accept.*
- *Inform receiving department of infection status.*
- *The patient notes should go with the patient.*
- *Complete the theatre Care pathway (Appendix 3).*
- *Refer to section 7.0 of the guidelines "Transfer process for intra hospital transfers".*
- *Refer to section 8.0 of the guidelines "Patient escort".*

5.2.3 Transfer to endoscopy and back to ward.

Patients who are to be transferred to endoscopy.
Prior to transfer staff will:-

- *Confirm the department is ready to accept.*
- *Inform receiving department of infection status.*
- *Complete the endoscopy checklist (Appendix 4).*
- *Refer to section 7.0 of the guidelines "Transfer process for intra hospital transfers".*
- *Refer to section 8.0 of the guidelines "Patient escort".*

5.3 Patients who are transferred to another acute NHS trust for specialist treatment.

- All transfer of patients to a tertiary hospital will be co-ordinated by the nurse in charge of the transfer ward and patient's Consultant. Patients must have been accepted for transfer by a Consultant at the receiving hospital. In addition the receiving hospital's bed manager and ward sister may need to be contacted to ensure a bed is available. The patient, their relative or carer will need to consent to the transfer. All transport will be booked via hospital ambulance service and a qualified nurse escort will be required. The decision not to send an escort can be amed by the nurse in charge and documented in the pateints records. Please refer to section 8.0 of the guidelines "patient escort" for advice on an anaesthetist escort.

If a time critical transfer (eg Head injury to neurosurgery or cardiac Cath Lab to St Georges) is required then South East Coast Ambulance Service should be contracted directly (Do Not use hospital ambulance service) and request a "Time Critical Transfer". It is not feasible to request

a specific level of ambulance (e.g. Paramedic ambulance) as the first available ambulance will be dispatched.

All paediatrics requiring increase level of care will be retrieved. All paediatrics awaiting retrieval will be nursed in Recovery/ITU with a paediatric trained nurse and ITU trained nurse until the retrieval team arrives.

A photocopy copy of the following documents indicated below should accompany the patient:-

- *Medical notes recent admission documentation and reason for transfer*
- *Drug Chart*
- *Nursing documentation*
- *Original copy of any Do Not Attempt CPR from.*
- *Blood results*
- *Doctor's letter*
- *Hospital transfer checklist (Appendix 2)*
- *Acute/critical care transfer document SWCCN1 (documents kept in ADU & ICU)(**adults only)***
- *X-ray / Scan reports- IEP Transfer (Request)*
- *Property Form*
- *Details of any new diagnosis of infection (such as MRSA and C.difficile) should be included in the GP letter (DH 2008 & 2006).*
- *Do not send the wheelchair with the patient without first checking with the Occupational Therapy department.*
- *Paediatrics acute transfer – complete Paediatric acute care transfer form(Appendix 5) (**Paediatrics only)***
- *South Thames Paediatric retrieval – retrieval guidelines on the intranet. **(Paediatrics only)***

6.0 Transfer of Infectious patients

Please refer to the 'Transfer of Infectious Patients' section of the Infection Control Manual which is available on the Trust intranet.

For such patients:

- *To ensure that the move is clinically appropriate; a patient isolated in a single room for infection control reasons should only be transferred between wards (excluding ED) for **that** individual's clinical need and on the advice of the on call medical microbiologist (contact via hospital switchboard)l*
- *To ensure that the Patient Flow Manager and receiving ward/department are informed of the individual's infection control status and related care/treatment needs*

7. 0 Transfer Process for intra- hospital transfers

- Ensure the correct patient is aware of the transfer, confirm with wristband.
- Notify the nominated next of kin of the transfer.
- Check with the receiving area they are ready to accept the patient.
- Notify area of infection status
- Notify area of any equipment required on transfer.
- Collate the correct medical notes and clinical records.
- Complete the relevant transfer checklist
- Please refer to Tracheostomy Policy when transferring a patient with a tracheostomy
- For level 2 – 3 patients follow the instructions set out in appendix 3, all transfers will be led by outreach team or the Night nurse practitioner out of hours and may require an anaesthetist in attendance.
- Clinical recommendation to be considered include:-
    - Oxygen cylinder has sufficient supply for the journey and secured
    - Blood transfusion - do not transfer within the first hour of commencing.
    - Parental nutrition - do not disconnect.
    - Chest drain – do not clamp but have clamps available
    - Patient controlled analgesia / epidural – do not disconnect

8.0 Patient Escort

The nurse in charge will assess the escort requirements and the mode of transport necessary for the transfer of patient (i.e. trolley, wheelchair, bed). Clear indications must be given when booking a porter if a nurse escort is required. It is recognised that the nurse/midwife in charge of the patient must ultimately decide on the level of escort for patient leaving his/her area of responsibility. The following guidance should be used in conjunction with other patient related information at the time.

Level 0 – *patients can be transferred with a porter / health care professional. The nurse in charge must be made aware of the transfer and notified when the patient is ready to leave the ward. Nb – parents may accompany paeds*
Level 1 – *patients must be transferred with a porter and qualified staff member. Staff must assess the area prior to the transfer and ensure care of the existing patients will not be compromised while the transfer occurs.*
Paediatric must be transferred with a porter and a qualified staff member.
Level 2 - *patients must be escorted from the ward environment to Intensive Care by a member of the outreach team / senior intensive care nurse or if out of normal hours the night nurse practitioner. Patients transferred from A&E to Cath Lab/CCU and ADU must be accompanied by an ED Nurse.*
Paediatrics must be escorted by a minimum of a PLS trained nurse, Dr or PICU retrieval team dependant on Condition / diagnosis / potential to deteriorate.
Level 3 - *patients must be escorted from the ward environment to Intensive Care by a member of the outreach team / senior intensive care nurse or if out of normal hours the night nurse practitioner. An anaesthetist must also be present on the transfer.*
Paediatrics must be escorted by a PICU retrieval team, with the exclusion of head injuries who should be escorted by an anaesthetist and a nurse competent in assisting with airways or an ODP

If you are concerned that the staffing levels are not sufficient to allow for an escort to facilitate the transfer, please contact you Ward Manager/clinical matron in hours and Site manager out of hours

9.0 Out of Hours Transfers

Wherever possible, patients should be transferred in hours (08.00 – 22.00). However due to changes in patients' conditions, increased patient throughput and operational demands some transfers will have to take place outside of 'office hours'. All transfers regardless of time should follow the same process as set out on the policy for all types of transfer.

10.0 Monitoring of the Guideline

In order to ensure that the guideline works in practice and for the purpose of continuous monitoring, the effectiveness of the guideline will be monitored by a 6 monthly trust wide audit every March & September to be undertaken by the Head of Nursing for Practice Development and Education. The audit will monitor compliance with the transfer documentation on a selection of the following transfers: –

- Ward to Ward
- Mau to Ward
- Level 1/ICU to ward
- Transfer to theatre and back to ward.
- Transfer to endoscopy and back to ward
- A&E to ward
- A&E to ICU
- Ward to ICU/Level 1
- Transfer to another acute NHS trust.
- Out of hours transfer

The 6 monthly audit report will also include:-

- Data and compliance around paediatric retrieval and transfer
- Review of any adverse incidents relating to patients and transfer
- Review of all complaints relating to patients and transfer.

Following the audit being undertaken an action plan will be developed and monitored at the Clinical Practice Group on a quarterly basis until all actions have been completed.

11.0 Equality impact assessment –

This guideline has been subject to an equality impact assessment and is not anticipated to have an adverse impact on any group.

12.0 References

- The Intensive Care Society standard. Levels of Critical care for Adult patients (2002). ICS.
- The Nursing, Midwifery Council Code of professional conduct: standards for conduct, performance and ethics for Nurses and midwives (2008) NMC.
- Care Quality Commission, Sept 2009. Working together to prevent and control: a study of the arrangements for infection prevention & control between hospitals and acre homes. Care Quality Commission, London.
- Department of health, Dec 2008. The Health & Social Care Act: Code of practice for the Prevention and Control of Health Care Associated Infections. Department of health, London.
- RCN (2008) Improving the safe transfer of care: A quality improvement intiative.
- BMA (2004) Safe Handover: Safe patients.

Appendix 1 – Frimley Park Hospital Intra-Hospital transfer recommendations for Level 2-3 Patients

Level 2 Patients requiring detailed observations or intervention or single organ failure
Level 3 Patients requiring respiratory support alone or two or more organ failure

Decision to transfer patient intra hospital from one clinical area to another.
Clinical decision to be made by appropriate member of the Team Consultant, SpR / Anaesthetist.

AIRWAY AND BREATHING

Ensure the ETT in correct position (CXR).
Baseline ABG before transfer.
Intubate / support ventilation as clinically required.
Ensure emergency equipment & drugs available to reintubate.
In patients monitoring of the central venous pressure may be required.
If pulmonary artery catheter is in situ this should be withdrawn to prevent advertent "wedging".

Equipment

Adequate O2. ventilator if appropriate.
Ambubag available in case of O2 failure.
Suction equipment as appropriate.
Transfer bag.

Monitor

Respiratory Rate, CO2, saturations & Visual observation constantly. Alarms set appropriately.

CIRCULATION

Adequate secure access.
Drugs in progress to accompany patient.

Equipment

Transfer monitor. Charged pumps & leads. Adequate supply of drugs +/- fluids.

Monitor

BP, heart rate & visual observation constantly. Alarms set appropriately. +/- defibrillator as necessary.

DISABILITY

Adequate sedation / paralysis / analgesia to ensure patient safety and comfort.

Equipment

Charged pumps and leads.
Adequate supply of drugs.

EXPOSURE

Patient adequately covered to prevent heat loss.
Drains adequately secured.
Temperature monitoring is advised particularly for paediatrics

All equipment must be robust, durable, lightweight, restrained but easily available and, if electrical, battery powered.
Alarms should be activated and audible.

APPENDIX 2 - PATIENT TRANSFER FORM

Patient identity label	**From**	
	Tel: no.	
	GP	
	Consultant	

NEXT OF KIN DETAILS	**Paperwork with patient**
Tel:	Property list Yes / No Discharge Letter Yes / No NOK informed Yes / No Date……Time……. By whom? …… If 'no', state reason:
Infection control status **MRSA Status Positive/Negative** **Other Infection:**	**DNACPR decision made Yes / No** **DNACPR form present for discharge Yes / No** **MET Score >6 last recorded observation in last 2 hours Yes (review refer to Outreach/ need escort for transfer.) Current MET Score:**

PRESENT DIAGNOSIS	**RELEVANT PAST MEDICAL HISTORY**
ALLERGIES	

ANY PROBLEMS WITH:	Yes / No	Comments:
Cardiovascular status		
Respiratory status		FiO2 SpO2

COMMUNICATION		Comments			
Speech problems	Yes / No				
Visual problems	Yes / No	Glasses:	Yes / No	With patient?	Yes / No
		Comments:			
Hearing problems	Yes / No	Hearing aids:	Yes / No	Left / Right	
			With patient?	Yes / No	
		Comments:			
Dentures	Yes / No	Top	Yes / No	Bottom	Yes / No
		With patient?	Yes / No		
Emotional / Spiritual needs?	Yes / No	Special needs? Yes / No Copy of hospital passport attached: Yes / No / NA If pt has dementia copy of 'This is Me' leaflet: Yes / No / NA			

SAFETY	Yes / No	Comments
Orientated?		
Maintaining own safety?		
Confused?		
History of Falls? Wanderer		

MOBILITY	Yes / No	Comments
Walking		
Aids / no:of staff		
Bed / chair bound		
Transfers		
Aids / No:of staff		

EATING & DRINKING	Yes / No	Comments
Swallowing problems?		
SALT involved?		
Dietician involved?		
Special Diet?		
PEG tube		Date:
NG tube		Date:
Feeding regime Copy of regime		

SKIN CONDITION	Comments	
Waterlow Score		
Pressure Sores	Yes / No	Grade:
Treatment /Dressing Compression bandaging: ABPI:		
Wound Type		
Wound Closure		
Date of removal?		
Photocopy Tissue Viability Assessment Sheet if applicable to send with form		

CONTINENCE	Continent of urine	Day/ Night	Continent of faeces	Day / Night
Promotion of continence				
Management of incontinence				
Incontinence pads	Size			
Sheath	Size			
Catheter	Size		Date inserted	
			Date to be changed:	
Catheter safe to be changed in community	Yes No		***Catheter to be changed in hospital*** Appointment for change :	

Please draw on the body map in black ink, using the following key to indicate the different types of injury (shading or alphabetic code), and provide brief details for each injury, e.g. grade of pressure ulcer, colour of bruise, etc


A - pressure ulcers
B - bruising


D - excoriation, red areas (not broken down)
E - scalds, burns

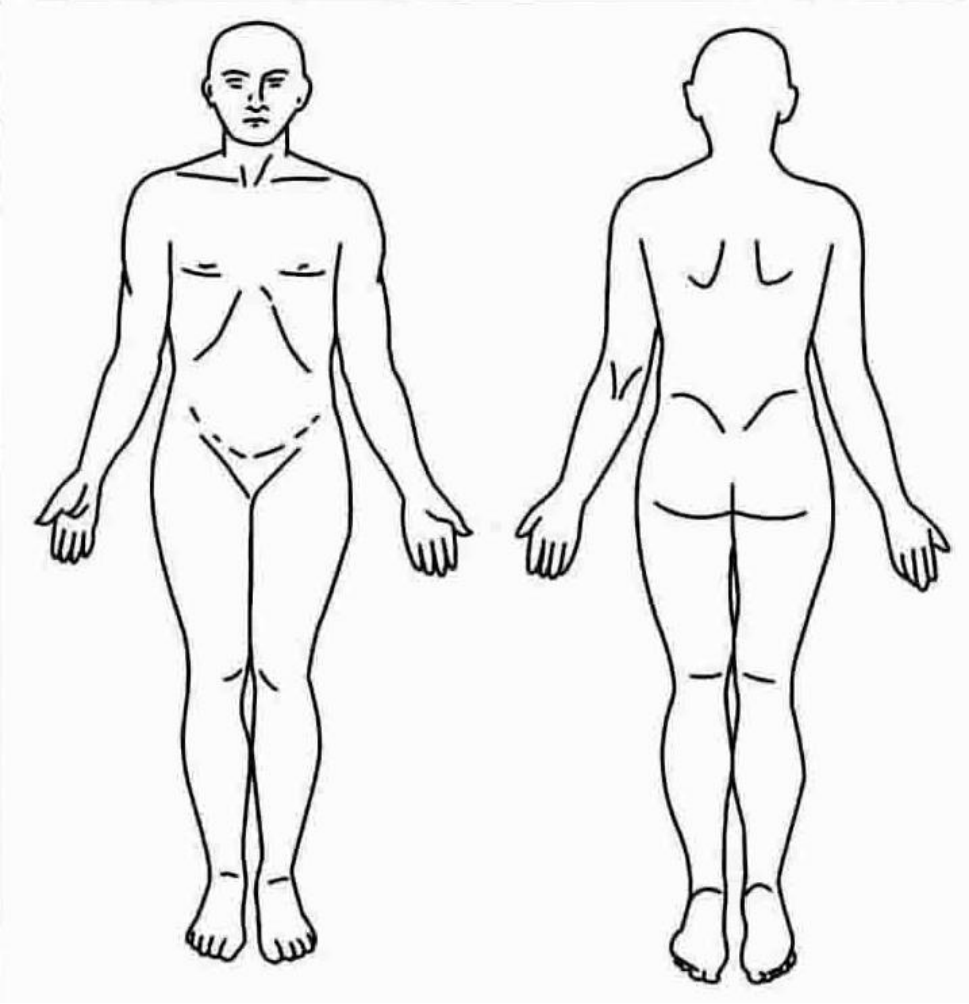

C - cuts, wounds


F - other (specify)

Body Map notes:

_____

_____



PAIN	Acute / Chronic

SLEEPING
Usual Pattern: Medication Other remedies

Hygiene	Ability to wash
Upper body	
Lower body	
Aids	

Ability to dress	
Upper body	
Lower body	
Aids	

Nurse's signature	PRINT NAME/STAMP	Date and Time o transfe

OTHER RELEVANT INFORMATION

TRANSFER LETTER MUST BE FILED IN MEDICAL NOTES

Frimley Park Hospital NHS
NHS Foundation Trust

OPERATING THEATRE CARE PATHWAY

SURGICAL CONSULTANT

***AFFIX PATIENTS LABEL**
Name: Preferred Name:

Hosp No:
NHS No:
Date of Birth:

Ward:

Any known allergies: *Specify on drug chart/pt notes*	**MRSA** *this admission?* **Y / N** **MRSA** *previously?* **Y / N**	**Last time ate:** **Last time drank:**	**Preoperative Temperature** **Time:**
LMP: **Pregnant: Y / N** **Confirmed with test: Y / N** *Verbal check "any possibility of pregnancy?"*	**Breast feeding:** **Y / N**	**Diabetic: Y / N** **Type:**	**Last blood glucose result** **Date:** **Time:**
Conditions Affecting Patient Positioning:	**Predisposing Risk Factors: Y / N** *(indicate on Tissue Viability Assessment Diagram inside)*	**BMI:**	**VTE Risk assessed:** **High Medium Low**

	INITIAL WARD CHECK	THEATRE HOLDING BAY CHECK	THEATRE PRACTITIONER CHECK	COMMENTS/VARIENTS
Verbal name check "please state name"				
Identity band check:				
• Upper limb				
• Lower limb				
• Other				
Correct patient notes present:				
• Anaesthetic Chart				
• Prescription Chart				
• Risk assessment booklet (if applicable)				
• Correct consent form present				
• Does it correspond to Theatre list?				
• Signed				
• Dated				
Procedure/site confirmed and marked *(corresponds with patient)*				
TED stockings: Y / N				
Flowtrons: Y / N				
Any metal work/prosthesis: Y / N				
Jewellery/body piercings Removed / Taped				
Pacemaker: Y / N				
Makeup/nail varnish removed				
Communication problems: (sight/hearing etc)				
Dentures removed: Y / N				
Caps/Crowns Loose Teeth				
Hearing aid/glasses/contact lenses:				
• On ward				
• With patient				
Canvas				
2 x Blankets				

Additional Information:

Ward checked by (Print)	**Theatre air lock checked by (print)**
Signature: Name:	Signature: Name:
Grade: Date: Time:	Grade: Date: Time:

ANAESTHETIC ROOM

Please tick/complete appropriate boxes

TYPE OF ANAESTHETIC	
Local	
General	
Spinal	
Epidural	
Sedation	

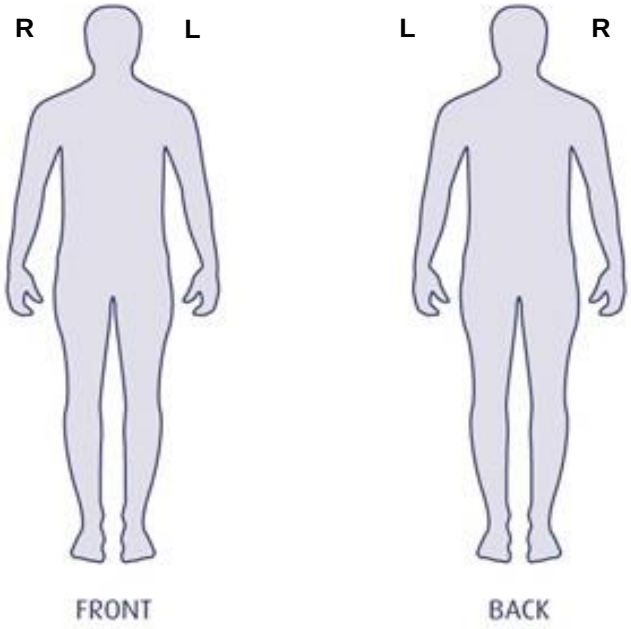
Patients Temperature
……..°C
(Anaesthetic Room)

Name
Anaesthetist:
ODP/Anaesthetic Practitioner:
Escort Nurse:

PATIENT INTRA OPERATIVE CARE

Body Plan
Mark site on plan with appropriate letter code

Arterial line	A		IV cannula		F
BP cuff	B		NG Tube		G
CVP line	C		Pulse oximeter		H
Diathermy plate	D		Temperature probe	Rectal Nasal Oral	J
ECG electrode	E		Nerve simulator		K



Patient Position

Supine		Prone					
Lithotomy		Lloyd Davis					
Lateral Left		Lateral Right					
Trendelenburg		Reverse Trendelenburg					
Tilt Left		Tilt Right					
Jack-Knife		Chair					
Trauma Table		Spinal Table					
Bony prominences padded			Y		N		
Patient metal contact			Y		N		
Arm board	Rt	Lt		Both			
Arm supports	Rt	Lt		Both			
Lateral supports							
Head ring							
Blood warmer							
Intermittent pressure leggings (Flowtron)							
Other							

Eye protection

Tape	Shields
Other	

Throat Packs

No. of Throat Packs	
Inserted by	
Removed by	
Recorded on swab board	Yes / No

Airway

LMA	ETT	Airway	Hudson Mask
ILMA			

Pressure Reducing Devices

Gel Mattress	Heel rests
Gamgee Padding	Pillows
Other	

Patient Warming

Forced Air Warming Device	Full	Half
Warming Mattress	Blankets	No……
Space blanket		

Comments:

THEATRE

Scrub Practitioner (1)	**Surgeon**
Scrub Practitioner (2)	
Circulating Staff	**Assistant**

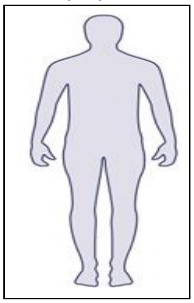
Procedure performed

Urinary Catheter	**Image Intensifier**	**Laser**	**Dressings/Packs**
Type ……..... Size ……..….	Y / N	Y / N	Location …….
Signature of practitioner performing Procedure …….			Type ……

Skin prep – *please indicate site and type of skin preparation*

Chlorhexadine
Aqueous Iodine
Surgical spirit
Other

Surgical site shaved Y / N
Diathermy site shaved Y / N



Tourniquet

Type

Finger/Toe	Leg	Arm

Tourniquet Position ……..……

Time inflated ……..... Time deflated……..…
(24 hour clock) (24 hour clock)

Pressure …….... MMHg

Local Anaesthetic Wound Infiltration

Type ……..

Amount
……

Skin closure type

Absorbable
Non-Absorbable
Other

Surgical Safety Checklist Completed

Name (Print): .....

Signature: ……..

Time: .....

Drain

Type ……..

Size .....……..

Suture used .....……..

Diathermy Pad

Removed

……..

Skin Condition

.....……

Specimens

Labelled Y / N

Quantity…….

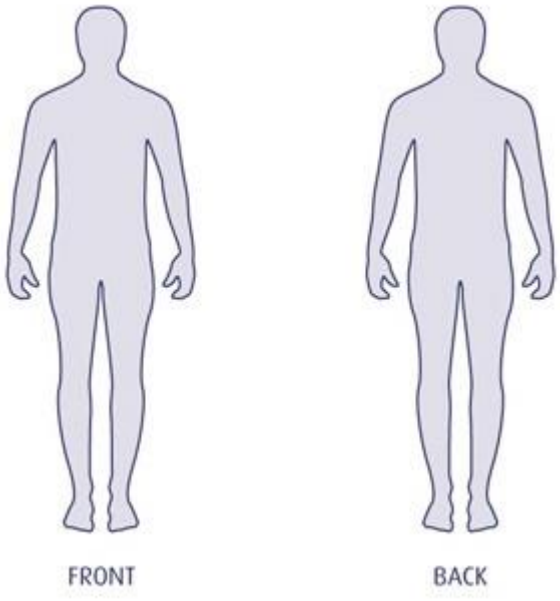
Histology	Microbiology	Frozen Section
Cytology	Other	

Final Swab, Needle, Instrument Count correct	**I confirm that the integrity and sterility of surgical instruments, packs and that the final instrument count is correct.**	**Total blood loss**
Y / N	Scrub Practitioner Signature……..…Print…….. Circulators Signature……Print….....	

Tissue Viability Assessment Diagram

Do you notice any obvious change in the skin? **Yes / No**

If yes, using the diagram below, shade and mark the areas of the patient's skin according to the guide given below.



Bruises	B	Grade One	1
Contusions	C	Grade Two	2
Redness	R	Grade Three	3
Swelling	S	Grade Four	4

Pressure Ulcer Grade Classification:

- Grade one – non-blanchable erythemia of intact skin. Discolouration of the skin, warmth, oedema, induration or hardness may also be used as indicators-particularly on individuals with darker skin
- Grade two – partial thickness skin loss involving epidermis or dermis, or both. The ulcer is superficial and presents clinically as an abrasion or blister
- Grade three – full thickness skin loss involving damage to or necrosis of subcutaneous tissue that may extend down to, but not through underlying fascia
- Grade four – extensive destruction, tissue necrosis, or damage to muscle, bone or supporting structures with or without full thickness skin loss

Record of Care

Reference
European Pressure Ulcer Advisory Panel and National Pressure Ulcer Advisory Panel. Prevention and treatment of pressure ulcers: quick reference guide. Washington DC: National Pressure Ulcer Advisory Panel; 2009.

Patient Record of Supplementries/Prosthesis

AFFIX EDGE BATCH LABEL HERE *Or affix edge tracer label here* ITEM	AFFIX EDGE BATCH LABEL HERE *Or affix edge tracer label here* ITEM	AFFIX EDGE BATCH LABEL HERE *Or affix edge tracer label here* ITEM
AFFIX EDGE BATCH LABEL HERE *Or affix edge tracer label here* ITEM	AFFIX EDGE BATCH LABEL HERE *Or affix edge tracer label here* ITEM	AFFIX EDGE BATCH LABEL HERE *Or affix edge tracer label here* ITEM
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AFFIX EDGE BATCH LABEL HERE *Or affix edge tracer label here* ITEM	AFFIX EDGE BATCH LABEL HERE *Or affix edge tracer label here* ITEM	AFFIX EDGE BATCH LABEL HERE *Or affix edge tracer label here* ITEM

Additional comments and variance:

PACU Handover

Procedure Carried Out	Allergies or Sensitivities	Met Score on Discharge	VIP Score

Type of Anaesthetic and duration

GA ……..... LA…….....

Sedation ……..... Spinal ..…….....

Epidural …….....

Regional Block …….....

Continue observation of sensation and movement for minimum 24hrs following Epidural/Spinal anaesthesia.

Local Infiltration to Wound/s

Type …….....…….

Dose …….....……

Wound Dressing Type

.....…….……

Personal Items belonging to patient	Additional Information/Complications	Temperature on Discharge
With Patient …….....……		
With Ward …….....…….....		
With Theatre …….....…….....		

Ward Handover

PACU Registered Practitioner Name: ..... Signature: .....
(Print)

Ward Nurse Name: ..... Signature: ..…….....…….....
(Print)

Time of discharge: ..…….....…….....…….....…..

Author: Laura Battle PD Lead Theatre
Version: 2
Reference
Association for Perioperative Practice (2007) Standards and Recommendations for Safe Perioperative Practice, Harrogate

Appendix 4 Endoscopy Unit Pre Procedure Checklist

Affix Patient Label

Date:

Ward and Ext No:

Consultant:

NBM **Bronchoscopy** = 6hrs **OGD** = 6hrs	NBM since Time:		Anticoagulation therapy	Yes / No Type:
ID band x2 (upper and lower limb)	Yes		Latest INR result	
Allergy band	Yes / NA		Dentures removed	Yes / NA
Patients notes	Yes		Jewellery covered/removed	Yes / NA
TPR chart	Yes		Nail varnish removed	Yes / NA
Drug chart	Yes		Bed controls working	Yes
Diabetic	Yes / No **GM:**		Cot sides in situ and working	Yes
Infection risk (please state)			Consent from provided	Yes
Cannula in situ	Yes / No		Consent form signed	Yes / No
Bowel prep given 24hrs prior for: **Colonoscopy** Phosphate Enema given 2 hrs prior for: **Sigmoidoscopy**	Please indicate which one if applicable.		Prosthesis e.g. pacemaker, joint replacement	Yes / No Type:
DNACPR decision made	YES / NO		Patient wearing gown	Yes
			Any other information?	
Nurse completing checklist: Print Name			**Nurse completing checklist: Signature**	

For Patients having an ERCP (complete in addition to main checklist)

Canvas on bed	Yes	Antibiotics administered	Yes
Print name		**Signature**	

For Patients having a PEG insertion (compete in addition to main checklist)

PEG pathway complete	Yes	Appropriate consent form signed	Yes
Print name		**Signature**	

Endoscopy Treatment Record

Affix Patient Label

Date:

Ward and Ext No:

Consultant:

Procedure performed		Performed by	
Lignocaine spray used	Yes / No Time	Sedation given	Yes / No

Drug	Dose
Midazolam	
Fentanyl	
Pethidine	
Buscopan	
Alfentanyl	
Sodium Chloride 0.9% flush	
Other:	

Interventions			
O2 therapy	Yes / No No of litres:	Diathermy	Yes / No
Suction	Yes / No	Diathermy setting	
CLO test taken	Yes / No	Position of plate	
Biopsies taken	Yes / No	Pleural cytology	Yes / No
Polypectomy	Yes / No	Pleural washings	Yes / No
Polyp retrieved	Yes / No		

Aftercare			
NBM for 1 2 3 4 hours (please circle)		Half hourly observations for 1 2 3 4 hours (please circle)	
Comments:			
Print name		**Signature**	

Appendix 5 PAEDIATRIC ACUTE CARE TRANSFER FORM

To be used for all paediatric patients transferred with a nurse escort- this is a legal record of the transfer.

PATIENT DETAILS		**TRANSFER DETAILS**	
Name	……	Transferring Hospital	Frimley Park
Hospital	……	Recipient Hospital / Ward	……
Number	……	Date admitted to hospital	…….....
Age / DOB	Male [ ] Female [ ]	Date and time of transfer	……/……/…… …..:…….

STAFF ARRANGING TRANSFER		
	Transferring Hospital	Receiving Hospital
Name	……	……
Grade	……	……
Speciality	……	……
Contact no/ Bleep	……	……

CHECKLIST – Must be completed before transfer

Decision made by consultant [ ] Results / x-rays / scans present [ ] Notes photocopied [ ]
Ambulance service informed [ ] Time booked: …….. … Formal referral letter completed [ ] Relatives aware [ ]
Reference: Last ate …… Lastdrank ……
Transferred from: Adult A&E [ ] Paediatric A&E [ ] F1 – Children Ward [ ] Other [
Reason for transfer: Specialist treatment [ ] No Bed space [ ] Non-clinical reason [ ] Other [

DIAGNOSIS AND REASON FOR TRANSFER

DIAGNOSIS

REASON FOR TRANSFER

Time													
G C S	E4												
	V5												
	M6												
	/ 15												
Lt Pupil +/-													
L Pupil Size													
R Pupil +/-													
R Pupil Size													
Temp													
Cap Refil secs													
SpO2	%02												
	Sats												
RR													
	210												
	200												
	190												
	180												
	170												
	160												
	150												
	140												
	130												
	120												
	110												
	100												
	90												
	80												
	70												
	60												
	50												
	40												
	30												

EYES OPEN
E 4 Open spontaneously
E3 To speech
E2 To pain
E1 No Response

BEST VERBAL RESPONSE
V5 Smiles / Interacts/ Orientated
V4 Confused / Not interacting
V3 Inappropriate words / Moaning / Crying difficult to console
V2 Incomprehensible sounds / Inconsolable / Irritable
V1 No Response

BEST MOTOR RESPONSE
M6 Obeys commands / moves spontaneously
M5 Localises to pain
M4 Normal flexion or withdraws to pain
M3 Abnormal flexion to pain (decorticate position)
M2 Abnormal extension to pain (decerebrate position)
M1 No Response

PUPIL SCALE (MM)

FLUIDS / DRUGS

	IN		OUT	
Time	Fluid type	Volume	Fluid type	Volume
Total				

ESCORTING DOCTOR: Name…… Grade / Speciality …… Signed
ESCORTING NURSE: Name…… Grade/ Speciality …… Signed
RECEIVING PERSON: Name…… Grade/ Speciality …… Signed

TRANSFER SUMMARY

TOP COPY: Receiving Hospital MIDDLE COPY: Patients Notes BOTTOM COPY: Transfer Folder