



Transfer Checklist

Patient Name:	DOB:	M <input type="checkbox"/>	F <input type="checkbox"/>	
<input type="checkbox"/> A Airway is clear and can be maintained during transfer Recommend ABG as indicated Intubate prior to transfer if PCO ₂ > 6KPA or if respiratory failure is likely to develop during a prolonged transfer				
<input type="checkbox"/> B Supplemental oxygen is being administered and ventilation is adequate				
<input type="checkbox"/> C Haemodynamically stable:				
Secure IV access	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Ionotrope support	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
<input type="checkbox"/> Immobilisation of the spine is adequate and secure				
Recommend: Vacuum Mattress	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Hard collar - In definite or suspected cervical spinal injury	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
<input type="checkbox"/> Anaesthetist and nursing escort as indicated				
<input type="checkbox"/> Nasogastric tube is in situ, draining freely, and connected to low suction if required as indicated				
<input type="checkbox"/> Indwelling urethral foley catheter is in situ and draining freely				
<input type="checkbox"/> Skin is protected from injury on a vaccuum mattress				
<input type="checkbox"/> Level and extent of spinal cord injury is documented				
<input type="checkbox"/> Summary clinical note, copy of kardex, casenote and all imaging and investigation results to accompany the patient				
summary clinical note	copy of kardex	casenote	investigation results	imaging results
Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
				hard copy <input type="checkbox"/> <input type="checkbox"/>
				BCD <input type="checkbox"/> <input type="checkbox"/>
				image link <input type="checkbox"/> <input type="checkbox"/>
Comments:				
Transfer form completed with (name):			Date:	Time:
Form completed by (name):			Signature:	