

This form is to be completed for all Category 1 Major Trauma transfers. It is the responsibility of the Trauma Team leader to ensure this is completed and for the safe transfer of the patient. Any deviation from this checklist should be clearly documented. This form does not replace the inter-hospital transfer form which should be completed for every transfer. A copy of this checklist should remain with the transferring unit and the original form should go with the patient

**PATIENTS WHO NEED CRITICAL INTERVENTION SHOULD LEAVE ED  
WITHIN 30 MINUTES OF THE DECISION TO TRANSFER (NICE 2016)**

**CATEGORY 1 MAJOR TRAUMA transfer checklist**

Date/ Time of injury:

Patient Name:

Name of accepting Clinician (TTL @ receiving site):

Date/ Time of TTL acceptance:

EXTERNAL HAEMORRHAGE CONTROL	Yes	No	N/A
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Tourniquet in situ (time applied if applicable: .....)			
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External pressure dressings			
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AIRWAY	Yes	No	N/A
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Is the airway safe and secure			
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Comment:

ETT position OK			
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C-spine protected or cleared			
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BREATHING	Yes	No	N/A
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Established on transport ventilator			
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Capnography in use			
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Pneumothoraces managed			
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Chest drains secure			
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Arterial blood gases (+ iCa if available)			
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CIRCULATION	Yes	No	N/A
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Thoracic /abdominal bleeding optimised			
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2 routes patent IV access (accessible fluids running or ready to run)			
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Blood & FFP available and checked if required			
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Long bone splinted & pelvic binder in situ if required			
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TXA (time .....)			
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DISABILITY	Yes	No	N/A
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Sedation+/- paralysis			
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Seizures controlled			
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ICP management			
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EXPOSURE/METABOLIC	Yes	No	N/A
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Temperature maintained			
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Spinal protection (if required)			
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Glucose > 4 mmols/L			
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Potassium < 6mmols			
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IMMEDIATE PRE-DEPARTURE CHECK	Yes	No	N/A
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Transfer Team introductions			
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Patient monitor connected (and fully charged)			
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Emergency airway equipment available			
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Oxygen & battery replacements			
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IV access patent/ lines secure			
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Spare sedatives/vasopressors/inotropes/fluids available			
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Temperature control measures in place			
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Receiving ED informed of departure			
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Name/ Signature of referring TTL:

Receiving hospital to undertake 'Hands off' handover			
At receiving hospital CATEGORY 1 MAJOR TRAUMA handover			
<b>Handover Preparation</b>			
	<b>Yes</b>	<b>No</b>	<b>N/A</b>
Introductions complete			
Team Leader supervising airway/ supervising transfer identified			
Fluids/Lines identified			
<b>Procedures</b>			
	<b>Yes</b>	<b>No</b>	<b>N/A</b>
Patient established on ventilator			
Is the airway safe and secure			
Infusions transferred			
Monitoring transferred			
<b>Handover (all staff to listen to handover)</b>			
	<b>Yes</b>	<b>No</b>	<b>N/A</b>
<b>MEDICAL HANDOVER</b>			
History (SBAR summary)			
Airway or ventilation problems			
Interventions			
Current medications			
Tubes and lines			
Wounds and drains			
Imaging (on disc or loaded on PACS)			
Past Medical history if known			
Any other issues			
<b>NURSING HANDOVER</b>			
	<b>Yes</b>	<b>No</b>	<b>N/A</b>
Pressure areas and tissue viability			
Property			
Relative information			
Documentation / Case note handover			
Any other issues			
<b>D. Transfer information</b>			
	<b>Yes</b>	<b>No</b>	<b>N/A</b>
Both transferring and receiving Drs to sign transfer form			
Ensure handover checklist completed and boxes ticked on form			
Copy of the Inter-hospital transfer form sent to the Network			