

1. Patient Details

| | | | |
|--------------------------------|--|----------------------------------|--|
| NAME | | | |
| DATE OF BIRTH | | HOSPITAL NUMBER | |
| WEIGHT (KG) | | HEIGHT (CM) | |
| REFERRING HOSPITAL | | WARD/UNIT | |
| REFERRING CONSULTANT/REGISTRAR | | CONTACT NUMBERS | |
| RECEIVING HOSPITAL | | WARD/UNIT | |
| RECEIVING CONSULTANT/REGISTRAR | | CONTACT NUMBERS | |
| TIME REQUIRED | | NXT OF KIN NAME & CONTACT NUMBER | |

2. Flight Details

Consider and discuss the following with the pilot of the aircraft concerned:

- Flight time
- Fuel requirements⁵
- Oxygen requirements⁶
- Weight limitations – will the aircraft have to be stripped of surplus equipment
- Weather⁷
- Clinical implications of altitude
- Flight and duty hours limitations and impact on next shift

Details

⁵ Consider the need to divert in case of bad weather

⁶ Oxygen requirements = (Minute Volume + Ventilator Driving Gas consumption, for the entire duration, including transit to and from the aircraft), Doubled. Consider a further increase if the flight could be diverted due to bad weather.

⁷ If the weather is marginal, diversion to an alternative site will greatly increase the transfer time, making road transfer more appropriate.

3. Clinical Details

| | | | |
|---|--|--------------------------------------|------------------------------|
| DIAGNOSIS | | | |
| CURRENT ISSUES | | | |
| ONSET DATE/TIME | | | |
| REASON FOR REFERRAL | | | |
| ANY KNOWN INFECTIONS OR COMMUNICABLE DISEASES | | | |
| AIRWAY | | | |
| | | | |
| BREATHING | | | |
| VENT SETTINGS/SPONTANEOUS | | | |
| MODE | RATE | TIDAL VOLUME | FiO ₂ |
| CIRCULATION | | | |
| HEART RATE | | BLOOD PRESSURE | |
| NEUROLOGY | | | |
| GCS | C/SPINE CLEARED <input type="checkbox"/> BY/HOIW? | FOCAL SIGNS <input type="checkbox"/> | |
| LINES & TUBES | | | |
| <input type="checkbox"/> PERIPH LINE 1 | <input type="checkbox"/> PERIPH LINE 2 | <input type="checkbox"/> NG TUBE | <input type="checkbox"/> CVC |
| <input type="checkbox"/> CATHETER | <input type="checkbox"/> CHEST DRAINS | | |
| DRUGS / INFUSIONS | | | |
| DRUG | STRENGTH | INFUSION RATE | TARGET HR/BP |
| | | | |
| | | | |
| | | | |

Aim to have the patient on the least number of infusions needed to minimise risk. Make sure that the patient is stable after changes have been made.

4. Tasking

Aircraft tasked _____
Cross Cover arrangements _____
Cost Implications _____
Authorised By _____

5. Pre-Transfer Check List

- Risk vs. Benefit analysis favours air transport
- Patient aware and consented if appropriate
- Receiving Hospital Aware and waiting
- Transport at each end organised
- Relatives aware
- Notes copied and available
- Images on CD/DVD/Films
- Lab results copied
- New syringes on syringe pumps
- Chest X-ray to confirm tube position
- Drains and catheters secured; bags emptied
- NG tube inserted
- EOC Updated
- Cross-cover arranged
- Appropriate level PPE equipment available if required. Level required:

Signed _____

Date _____ Time _____