

TRUST WIDE DOCUMENT

Delete as appropriate	Policy/Protocol
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TARGET AUDIENCE:	All Clinical Staff and On-Call Managers
DOCUMENT PURPOSE:	To ensure patients are transferred safely
To be read in conjunction with (identify which internal documents)	SOP 002 ELHT Intra organisation adult patient transfer ELHT/IC15 Admission and transfer of suspected or confirmed infected patients. Maternity Services Clinical Guidelines – Maternal Transfer G27 and Handover of Care G49
SUPPORTING REFERENCES	North West Critical Care Network Intra and Inter Hospital Critical Care Transfer (Adult) 2016

CONSULTATION		
	Committee/Group	Date
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1. Introduction

Patient movement between wards, departments, other hospital sites and other health care providers is an inevitable part of the patient care journey.

Transfer of patients can pose a clinical risk to the patient. There is a need to ensure that appropriate clinical risk assessments are carried out, that appropriate accompanying staff and equipment are used and that an accurate patient handover takes place to maximise a safe patient transfer.

Poorly performed transfers lead to a worse outcome for the patient. East Lancashire Hospitals NHS Trust (ELHT) is committed to the safe transfer of all acutely/critically ill and rehabilitating patients, who require transfer to a different environment determined by their care needs.

2. Purpose

This is a set of guidelines which are to be followed whenever the transfer of a patient is undertaken. This document aims to assist the Trust and individuals in improving the treatment of patients who require between a range of different areas, for example:

- ED to assessment areas.
- Ward to ward
- Wards to departments for investigation.
- Wards to Critical Care.
- External transfer to another ELHT site.
- External transfer to another hospital / Trust.

This document covers the transfer of all adult patients within the organisation. A Patient Transfer Decision Matrix (*Appendix 1*) and patient SBAR handover (Situation Background Assessment and Recommendations) will enable a safe transfer and ensure all essential patient information is handed over between staff.

The clinical assessment of patients prior to transfer will:

- Minimise the risk to patients.
- Ensure complete and accurate communication between the transferring and receiving ward, department or unit.
- Ensure appropriate staff and equipment are involved in the transfer.
-

The patient SBAR must be completed on all patients except:

- Patients transferring between theatres and wards.
- Patients attending for investigations where appropriate staff will remain with them throughout the procedure.

The patient Transfer of Care document (*Appendix 2*) must be completed on all Inter Hospital transfers for patients transferred to other Trust settings i.e. AVH, BGH, CCH and PCH.

2.1 Definitions

An adult patient: In this context refers to all patients above the age of 16.

An acutely/critically ill patient: is defined as one who is at risk of, or is showing signs of deterioration and who requires transfer to an area providing higher levels of care for any form of organ support.

Inter Hospital Transfer

This is a transfer between hospital sites or between two Trusts.

Intra Hospital transfer

This is a transfer within a hospital site / building.

3. Risk Assessment

The Patient Transfer Decision Matrix (*Appendix 1*) enables the nurse/midwife to risk assess the suitability and appropriateness of a transfer assessing the patient's needs and identifying their level of risk as detailed below:

- Low Risk
- Medium Risk
- High Risk
- Critically ill

The matrix identifies the appropriate personnel and equipment required to accompany the patient during transfer.

4. Decision to Transfer

The decision to transfer a patient to another area must be made considering the potential risks and benefits to the patient's condition. It is the responsibility of the Registered Nurse/Midwife in charge of the patient's care to assess the risk to the patient and ensure a safe transfer.

A patient's on going clinical care must continue during the transfer decision making process.

The patient must be risk assessed using the Patient Transfer Decision Matrix (*Appendix 1*). The matrix informs the decision to transfer and the support required during that transfer process.

Patient's who are **High Risk** or **Critically Ill** (EWS>6) should not be transferred other than to a Critical Care Area, Theatre, AMU,STU for clinical investigation/interventional procedures or to an appropriate specialist ward (e.g. to receive NIV or coronary care). The patient must first be reviewed by an ST1/CT1 grade doctor or above, ANP or ACT nurse to assess if the patient is fit to transfer and if medical accompaniment is required.

For **Low** and **Medium** risk, assessment should have been carried out within 1 hour of the time of transfer. The responsible Registered Nurse/Midwife should assess that there has been no significant change in the patient's risk category immediately prior to transfer.

For **High Risk** and **Critically Ill** patient's the assessment should have been carried out as close to the time of transfer as possible.

It is the responsibility of the nurse/midwife managing the patient's care to ensure the patient and where required the next of kin have been informed of the reason for transfer.

4.1 Clinical Flow team role.

The Clinical Flow Team must ensure that the patient is allocated to an appropriate bed for their on-going care based upon their level of care and clinical requirements. This will include meeting any relevant infection control and mixed sex accommodation issues.

Further detail is included in SOP 002 ELHT Intra organisation adult patient transfer

4.2 Late / Out of Hours transfers.

Inter and Intra hospital transfers should not occur between 22:00hrs and 07:00hrs unless there are exceptional circumstances which should be authorised by the site manager. An exception to this would be the transfer of patients from the Emergency Department and Assessment areas.

4.3 SBAR handover:

An SBAR handover must be completed by the transferring/ receiving nurse for all patients transferring from a ward/department.

Exceptions are:

- Patients transferring between theatres and wards. (see SOP002 for this process)
- Patients attending for investigations where appropriate staff will remain with them throughout the procedure.
- Critical care transfers. These transfers will be as per the North West Critical Care Networks Intra + Inter Hospital Critical care Transfer (Adult) 2016, transfer guidelines and with the accompaniment of staff appropriately trained in Level 3 transfers.
- Deteriorating patients requiring transfer from external Trust sites for acute care (see **4.7 Acutely unwell transfer of care**)

It is the responsibility of the nurse/midwife to complete the SBAR document and undertake the transfer risk assessment. The transferring nurse must provide an electronic/ paper / telephone SBAR to the receiving ward.

The transferring nurse should assess the patient to determine no significant change has occurred to the patient's risk category immediately prior to transfer.

The appropriate level of personnel, utilising any equipment required, must accompany the patient on transfer as per the Patient transfer Decision Matrix.

All patient records, medication and property must accompany the patient as per Trust Patient Property policy.

4.4 Paediatrics

All paediatric transfers must be risk assessed and transferred using the adapted Paediatric Transfer of Care document as per Appendix 5. (Reviewed September 2016).

Processes for paediatric transfers are detailed in the local Family Care guidelines.

4.5 Maternity Patients

Processes for transfer of care are already established. These are outlined in Maternity Services Clinical Guideline Maternal Transfer G27 and Handover of Care G49. The specific SBAR for Maternity patients is contained within this.

A limited number of Registered Midwives, working within the Close Observation Unit (COU) will undertake the Critical Care Network standard Transfer Training, to support the transfer of high risk obstetric patients.

4.6 Transfers to other ELHT sites or other Trusts.

The Transfer of Care Document (*Appendix 2*) must be completed by the transferring nurse for all patients transferring from a ward/department to another ELHT site or another Trust.

Decisions about the appropriateness / suitability of transfer of patients to other ELHT sites or other Trusts should be made as per SOP 002 ELHT Intra organisation adult patient transfer.

Decisions regarding accompanying personnel should be made utilising the Patient Transfer Decision Matrix (*Appendix 1*).

4.7 Acutely Unwell Transfer of Care.

Inevitably some patients cared for in other Trust sites may deteriorate and require transfer to the acute site at RBH for management. This may be a rapid and acute deterioration that requires an emergency response.

In these circumstances the Acutely Unwell Transfer of Care document (*Appendix 4*) should be utilised to facilitate a rapid transfer to the appropriate level of care.

Decisions regarding accompanying personnel should be made utilising the Patient Transfer Decision Matrix (*Appendix 1*).

4.8 Critical Illness transfers.

Decisions regarding accompanying personnel should be made utilising the Patient Transfer Decision Matrix (*Appendix 1*).

At least one of the personnel undertaking transfer of critically ill patients should have undertaken the appropriate Critical Care Network standard Transfer Training. This is currently provided to Critical Care staff, ED staff, Anaesthetic staff and Acute Care team.

4.9 Transfer equipment.

Any clinical area that has equipment stored for interhospital or intrahospital transfers **MUST** have daily checking and signing arrangements in place.

Any equipment specific to the patient care requirements must be transferred with the patient e.g. wheelchairs, bariatric beds, walking aids etc.

Any equipment stored on wards or provided by portering staff for transfer of patients must be checked and in working order prior to use e.g. trolleys, wheelchairs.

Portable oxygen cylinders must be checked prior to use and have sufficient oxygen to last the expected journey, with back up provision if required. **Oxygen therapy must be checked and commenced by a Registered Nurse/Midwife.**

The transferring personnel are responsible for ensuring any equipment used during the transfer is returned to the original area.

4.10 Tracheostomy patients

Patients with tracheostomies must be clearly identified to all the staff involved in transferring them and details recorded in the Transfer of Care Document (*Appendix 2*). They must always be transferred with a tracheostomy emergency equipment box.

4.11 Safeguarding

All patients must be clearly identified and have an appropriate identity/ allergy band in place prior to transfer.

Risks relating to transfer of patients who are considered to be vulnerable adults e.g. safeguarding concerns, learning disabilities, lack of capacity must be considered as part of the Patient Transfer Decision Matrix (*Appendix 1*).

The patient's privacy and dignity must be maintained during transfer and patients must be appropriately dressed / covered.

4.12 Infection Control

Infection control practices must be applied for all transfers. It is the responsibility of the transferring registered nurse/midwife to ensure that known infection control issues are clearly communicated and any advice required is obtained from the Infection Control team. An Inter-healthcare Infection Prevention & Control Transfer Form (*Appendix – ELHT/IC15 Version 3*) MUST be completed.

4.13 Documentation

Patient observations and medical/nursing notes must be continued at the same frequency as in the treatment area prior to transfer. This is particularly important in the on-going monitoring of **High Risk** and **Critically Ill** patients. Any clinical changes, problems or safety issues during transfer must be documented in the patients' case notes.

For all patients the EWS must be documented before the start of the transfer process and after arrival and any deterioration escalated accordingly.

When escorted patients arrive at the receiving area, there must be a formal handover from the escorting personnel to the medical and/or nursing staff of the receiving unit who will then take over responsibility for that patient.

5.0 Compliance with transfer policy.

Any concerns about the appropriateness of a transfer should initially be escalated within the local area to a senior nurse / matron/ site manager.

Additionally an IR1 should be completed for any problems or safety issues that occur during the course of transfer e.g. appropriate staff availability, equipment availability or failure, unexpected clinical deterioration.

Appendix 1 Patient Transfer Decision Matrix

Level	Clinical Indicators	Minimum Personnel required for escort	Clinical Equipment	Monitoring
Low Risk	No O2 therapy. SpO2 > 94% on room air. No confusion. No infusions (IV/PCA/Epidural/PEG/S/C) EWS 0 to 2 Patient has capacity to consent	Porter and/or HCA Ambulance crew for interhospital transfer	No equipment	None
Medium Risk	O2 therapy <35% SpO2 >94%, respiratory rate >10 <16 EWS 3-4. Patient confused, disorientated or lacks capacity. Butterfly scheme. Risk of falls. IV fluids – NB no medication or blood. PEG	Porter and/or BLS trained: HCA / AP / RN/RM Ambulance crew for interhospital transfer and BLS trained: HCA / AP / RN/RM	If required: O2 cylinder-size E > ½ full Feeding pump IV pump	O2 therapy for transfer must be checked by a RN/RM. EWS check prior to transfer and on arrival at destination if on O2 therapy. SpO2 >94%.
High Risk	O2 therapy > 35% (SpO2 >92%) EWS 5 -6 must be assessed as suitable for transfer by doctor. IV fluids Blood transfusion IV medication Patients with tracheostomy	Porter and RN / RM Paramedic ambulance for interhospital transfers.	IV pump(s) O2 cylinder-size E > ½ full SpO2/ HR monitor. If required - Emergency tracheostomy equipment box	O2 therapy for transfer must be checked by a RN/RM. EWS check prior to transfer and on arrival at destination if on O2 therapy. SpO2/HR monitoring Observations as clinically indicated.
Critically ill	Unstable patients at risk of sudden deterioration. EWS 7 and above. Transfer of unstable critically ill to critical care, theatres or investigations e.g. CT	Porter and ILS trained RN/RM/ Anaesthetic assistant and Doctor. Critical care transfer trained RN / Anaesthetic assistant and Doctor Paramedic ambulance for interhospital transfers.	IV pump(s) O2 cylinder-size E > ½ full SpO2/ HR monitor, NIBP Critical illness transfer bag. Portable monitoring, including EtCO2. Portable ventilator. IV Pumps If required critical illness FERNO transfer trolley.	O2 therapy for transfer must be checked by a RN/RM. SpO2/ HR/ NIBP monitoring. Full monitoring including invasive pressures, ECG, SpO2, EtCO2 as per critical illness transfer guidelines.

Appendix 2 - Transfer of Care

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East Lancashire Hospitals
NHS Trust



TRANSFER OF CARE

Transfer letter to Sub Acute settings

(Attach patient label here)		Date of hospital admission
Hospital No:	DOB:	Reason for admission
First Name:	M / F:	Religion:
Last Name:	GP:	Transferring Ward
Address:		Transferring Consultant
NHS No:		Date decided fit for transfer

Current Medical Problem List

Weightbearing status at time of referral e.g. Walking with frame

Previous Medical History

Diagnoses, investigations and treatment during this hospital stay:

Reason for Transfer (what intervention is required)

Outstanding Investigations (reason why not already done)

Future Management

DNAR - yes/no - needs review by (date)

Have any advance decisions been made with regard to future medical management?

Patient aware of reason for and consents to transfer/Rehabilitation yes/no (please circle)

(A nursing/MDT assessment will also be made of suitability for rehabilitation)

Allergies and drug intolerances	Medication changed this admission	Reason for change
.....
.....
.....
.....
.....
.....

Previous Communication with Patient and Family

.....

.....

.....

.....

.....

.....

Day of Transfer checklist (nursing)

	All to be positive	Comments
Early Warning Score is stable.		Score is ____ at time of transfer
Routine bloods done in last 48 hours.		
Ward informed of special requirements e.g. Pressure relieving mattress, peg feeds, special diets, wound care plans, dressings.		
Infection control transfer checklist completed as per trust policy.		
Ward verbal handover and management plan discussed prior to transfer.		
Patient case notes, medications and medication chart present for transfer.		
Minimum 4 days to run on prescription chart.		
Consultant has signed in the notes that the patient is fit for transfer.		
Follow up appointments are arranged and documented or advise if further arrangements needed.		
Patient identification wrist band in situ.		
Family are aware of likely time of transfer.		
Dementia screening form completed if >75 years.		
Patient and family informed of transfer.		

Patient and family aware and accepting of transfer ☐

Transferring nurse	Transferring ward doctor
Name	Name
Signature	Signature

Appendix 3 – Inter-healthcare Transfer Form (Policy ELHT/IC15 Version 3)

Patient/client details: (insert label if available) First Name: Last Name Address: Hospital number: Date of birth:	Consultant: GP: Current patient/client location: Transferring facility – hospital, ward, care home, other: Contact no: Is the ICT aware of transfer? Yes/No																		
Receiving facility – hospital, ward, care home, district nurse Contact no: Is the ICT/ambulance service aware of transfer? Yes/No	Is this patient/client an infection risk? <i>Please tick most appropriate box and give confirmed or suspected organism</i> Confirmed risk Organism: <input type="checkbox"/> Confirmed risk Organism: <input type="checkbox"/> Suspected risk Organism: <input type="checkbox"/> No known risk <input type="checkbox"/> Patient/client exposed to others with infection e.g. D&V Yes/No																		
If patient/client has diarrhoeal illness, please indicate bowel history for last week: (based on Bristol stool form scale, see next page)																			
Is the diarrhoea thought to be of an infectious nature? Yes/No																			
Relevant specimen results (including admission screens – MRSA, Glycopeptide Resistant Enterococcus, <i>C. difficile</i>, multi-resistant <i>Acinetobacter</i>, <i>ESBL's</i>) and treatment information, including antimicrobial therapy:																			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Specimen:</td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> </tr> <tr> <td>Date:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Result:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		Specimen:						Date:						Result:					
Specimen:																			
Date:																			
Result:																			
Treatment information:																			
Other information:																			
Is the patient/client aware of their diagnosis/risk of infection? Yes/No																			
Does the patient/client require isolation? Yes/No																			
Should the patient/client require isolation, please phone the receiving unit in advance.																			

Name of staff member completing form:

..... Print name:

Contact number:

For further advice, please contact your Infection Control Matron

Appendix 4: Acutely Unwell Transfer of Care

ACUTELY UNWELL TRANSFER OF CARE

Hospital No	DOB
First Name	M/F
Last Name	Religion
Address	
NHS No: GP	

DECISION TO TRANSFER

- Transferring Dr or Senior Nurse (name & grade)
- Receiving Dr (name & grade)
- Transferring Ward
- Receiving Ward MAU ☐ ED ☐
- Other

BEFORE YOU TRANSFER THIS PATIENT

1. EWS > 3? YES ☐ NO ☐ IF YES, what is the EWS? _____ IF NO, reassess decision to transfer.

2. ASSESSMENT OF THE PATIENT'S

- | | | |
|---------------------------------------|------------------------------|-----------------------------|
| a. AIRWAY: SAFE? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b. BREATHING: STABLE? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c. CIRCULATION: STABLE? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| d. DISABILITY/EXPOSURE: CONCERNS? Yes | <input type="checkbox"/> | No <input type="checkbox"/> |

(Do your best to ensure patient is maintaining their own airway/airway is safe, that oxygen saturations are >95% or 92% if COPD with respiratory rate not >20 or worsening, that an appropriate cannula is sited with BP >120 and HR <120, GCS is stable and any wounds/drains/tubes are secure BEFORE you commence transfer)

(Details of the above in the Assessment section of your SBAR)

3. DO YOU HAVE A PROVISIONAL DIAGNOSIS? YES ☐ NO ☐

- a. IF YES, start the appropriate Clinical Care Bundle Resuscitation Phase. IF NO, reassess patient and make a safe plan.

(Provisional diagnosis based on your clinical assessment or discussion with the ST3+ on-call)

Attach the appropriate care bundle to patient's notes – Sepsis, AKI or COPD and document any reason for non-completion of the resuscitation phase. If no appropriate bundle, please document in notes)

4. NOW COMPLETE THE SBAR HANDOVER FOR THE TRANSFER OF CARE

- YES ☐ NO ☐ *(DO NOT TRANSFER until the handover is completed)*

DO NOT DELAY TRANSFER IF PATIENT IS UNSTABLE

ACUTELY UNWELL TRANSFER OF CARE BUNDLE

Safe **Personal** **Effective**

SBAR HANDOVER FOR TRANSFER OF ACUTELY UNWELL (*insert in patient's GAD*)

SITUATION (<i>events of the last 12-24 hours prompting decision for transfer</i>)

BACKGROUND (PMH)	BACKGROUND (<i>summary of current admission and active problems</i>)

ASSESSMENT (<i>EWS, GCS, ABCDE details, Investigations Completed, Interventions Commenced</i>)

RECOMMENDATION (<i>Outstanding management options, if organ support required, etc.</i>)
Provisional Diagnosis? _____

ACUTELY UNWELL TRANSFER OF CARE BUNDLE

Safe | **Personal** | **Effective**

Appendix 5: Paediatric Transfers between BGH & RBH

Paediatric Transfers between BGH and RBH				
All children will have a Paediatric Early Warning Score taken prior to transfer. Ideally 2 PEWS 30 minutes apart to document for deterioration				
Level	Patient	Minimum personnel required to escort patients to other internal clinical areas	Equipment	Monitoring
Low Risk PEWS 0-1	<ul style="list-style-type: none"> Sats over 95% in room air Not confused/ alert No IV infusions Low pain score Blood sugar within normal values 	Parents and porter if required	<ul style="list-style-type: none"> No equipment 	<ul style="list-style-type: none"> None
Medium Risk PEWS 2	<ul style="list-style-type: none"> Sats below 95% Moderate pain score- analgesia given Receiving supplementary O2 IV fluids Continuous monitoring or requiring 2 hourly observations or less Drains eg chest or wound Not confused 	<p>Registered nurse with competency in Paediatric Immediate Life Support and porter</p> <p>All children who score 2 on PEWS due to conscious level require a medical escort</p>	<ul style="list-style-type: none"> Oxygen cylinder at same level as on the ward. Ensure cylinder is half full Pocket mask. Infusion/syringe pumps NG pump if applicable <i>Portable suction and tracheostomy emergency box where applicable</i> 	<ul style="list-style-type: none"> Sats monitoring and monitoring as on ward Apnoea alarm for under 6 months
High Risk PEWS 3 or over	<ul style="list-style-type: none"> Registrar review prior to transfer O2 dependent to maintain sats over 95% Pain score high- analgesia in progress Vital signs consistently scoring over 3 Multiple infusions Critically ill child or at risk of sudden deterioration Unprotected or compromised airway Reduced GCS Unstable blood sugars 	Registered nurse with competency in Paediatric Immediate Life Support , porter and medical escort	<ul style="list-style-type: none"> As for medium risk Plus ventilator as required 	<ul style="list-style-type: none"> As for medium risk <p>Plus</p> <ul style="list-style-type: none"> Full HDU monitoring Transfer bag
IF UNSURE DISCUSS TRANSFER WITH A PAEDIATRIC SENIOR DOCTOR/NURSE				

Paediatric Transfers inter hospitals including between BGH and RBH				
All children will have a Paediatric Early Warning Score taken prior to transfer. Ideally 2 PEWS 30 minutes apart to document for deterioration				
Level	Type of transport	Minimum accompanying personnel	Minimum skills	Equipment
Low Risk PEWS 0	Ambulance or parent's own transport			
Medium Risk PEWS 1	Paramedic crew	Paramedic crew (A nurse may be required depending on level of stability)		-Oxygen Suction if tracheostomy IVAC where applicable -Pulse oximetry Continue with level of monitoring
PEWS score 3	Paramedic crew	Doctor, nurse and paramedic crew	Basic life support Understanding of : Specific drug delivery Recognition of deterioration Suction and tracheostomy training where applicable	All of the above plus: -Heart rate and blood pressure monitoring
High Risk PEWS 3 or over	Paramedic crew	Doctor and Nurse and paramedic crew	All of the above plus competent in: Use of airway adjuncts Use of bag and mask (PLS) PLS or APLS	Full HDU portable monitoring and transfer equipment
These guidelines are not completely inclusive and clinical judgement should be applied. Consultant review prior to leaving to determine patient level of risk				

Appendix 6: OXYGEN UTILISATION CHART

Oxygen run time (minutes) = **Volume of cylinder (litres)**
Flow rate (litres per minute)

DO NOT RISK RUNNING OUT OF OXYGEN!
PLEASE CONSIDER WHERE YOU INTEND TO TRANSFER YOUR PATIENT.
ENSURE THE SUPPLY IN THE CYLINDER IS ADEQUATE?

IF NOT ADEQUATE DO NOT TRANSFER THE PATIENT WITH THIS CYLINDER.

Size 'D' Cylinder – (340 litres)

Flow rate	If the cylinder is FULL (340 litres)	If the cylinder is ½ FULL (170 litres)	If the cylinder is ¼ FULL (85 litres)
1 litre per minute	5 hours 40 min	2 hours 50 min	1 hour 25 min
2 litres per minute	2 hours 50 min	1 hour 25 min	42 min
3 litres per minute	1 hour 53 min	56 min	28 min
4 litres per minute	1 hour 25 min	42 min	21 min
6 litres per minute	56 min	28 min	14 min
8 litres per minute	42 min	21 min	N/A
10 litres per minute	34 min	17 min	N/A
12 litres per minute	28 min	14 min	N/A
15 litres per minute	22 min	N/A	N/A

Size 'E' Cylinder (680 litres)

Flow rate	If the cylinder is FULL (680 litres)	If the cylinder is ½ FULL (340 litres)	If the cylinder is ¼ FULL (170 litres)
1 litre per minute	11 hours 20 min	5 hours 40 min	2 hours 50 min
2 litres per minute	5 hours 40 min	2 hours 50 min	1 hour 25 min
3 litres per minute	3 hours 46 min	1 hour 53 min	56 min
4 litres per minute	2 hours 50 min	1 hour 25 min	42 min
6 litres per minute	1 hour 53 min	56 min	28 min
8 litres per minute	1 hour 25 min	42 min	21 min
10 litres per minute	1 hour 8 min	34 min	17 min
12 litres per minute	56 min	28 min	14 min
15 litres per minute	45 min	22 min	N/A

Registered Nurse and Porter ID/Procedure Checklist

Date.....

Ward.....

Patient Name.....

RXR Number.....


Date of birth.....

Patient being escorted to

Please confirm that these checks below have been made before allowing a patient to leave the ward.

For the transfer of patients to another area/ward /dept.

For Theatre use Theatre checklist.

Is the patient fit to transfer? If EWS is 3 or  refer to the guidance for the "safe for staff to transfer" patient transfer decision document	
Porter has attended ward to collect patient..... The patient has an appointment to attend Radiology/Endoscopy department for a	
Registered named nurse must confirm that this patient identified is awaiting this diagnostic.	
Check wrist band in place and correct name.	
Confirm patients RXR and or NHS number	
Patient has had the necessary preparation for the booked appointment	

Without confirmation of the above a patient must not be removed from any ward area without further discussion.

Nurse name Print & Sign

Porter name Print & Sign