



Queen Elizabeth National Spinal Injuries Unit, Scotland
Transfer Checklist

Patient Name:	DOB / CHI:	M <input type="checkbox"/> F <input type="checkbox"/>
<input type="checkbox"/> A Airway is clear and can be maintained during transfer Recommend: <input type="checkbox"/> ABG as indicated <input type="checkbox"/> N/A <input type="checkbox"/> Intubation prior to transfer if PCO ₂ > 6KPA or if respiratory failure is likely to develop during a prolonged transfer <input type="checkbox"/> N/A <input type="checkbox"/> Chest drainage if pneumothorax or haemothorax, prior to transfer <input type="checkbox"/> N/A		
<input type="checkbox"/> B Supplemental oxygen is being administered & ventilation is adequate (spontaneous/assisted) <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> C Haemodynamically stable: <input type="checkbox"/> With Vasopressor support <input type="checkbox"/> Without Vasopressor support <input type="checkbox"/> Secure IV access prior to transfer		
<input type="checkbox"/> Immobilisation of spine is adequate and secure Recommend: <input type="checkbox"/> Vacuum Mattress <input type="checkbox"/> Hard collar in definite or suspected cervical spinal injury <input type="checkbox"/> N/A		
<input type="checkbox"/> Anaesthetist and/or nursing escort as indicated (patients with a significant cervical spinal cord injury and/or polytrauma with fluctuating haemodynamics) <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Nasogastric tube is in situ, draining freely, if needed <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Indwelling urethral catheter is in situ, draining freely, for all paralysed patients irrespective of the severity of their spinal cord injury <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Skin is protected from injury on a vacuum mattress during transfer		
<input type="checkbox"/> Level and extent of spinal cord injury is documented in patient's case notes		
<input type="checkbox"/> Other Injuries are also documented, if present and stabilised prior to transfer <input type="checkbox"/> No other injuries		
<input type="checkbox"/> Following documents to accompany the patient: <u>Request:</u> <input type="checkbox"/> Clinical summary note <input type="checkbox"/> Copy of Case notes <input type="checkbox"/> Copy of Kardex <u>Investigation results:</u> <input type="checkbox"/> FBC and U&Es <input type="checkbox"/> Other relevant results <u>Imaging results:</u> <input type="checkbox"/> PACS <input type="checkbox"/> CD or Hard copy if PACS link not available		
<input type="checkbox"/> Inform Transferring unit to notify the time of departure to Receiving Unit		
<input type="checkbox"/> Comments:		
Transfer form completed with: Name:	Date:	Time:
Transfer form completed by: Name:	Signature:	