

NAME
AGE
HOSPITAL ID
CONSULTANT

**Transfer Risk Assessment Document**  
**RSCH Brighton and PRH**



To be completed by nurse caring for  
patient prior to transfer

<b>Date:</b> _____ <b>Time:</b> _____		<b>Form completed by:</b> Print Name: _____ Designation: _____						
<b>Current Location of Patient:</b>		<b>Contact number for any handover queries:</b> DECT phone ..... Extension .....						
<b>Name of person handing over:</b>								
<b>S</b> Situation	<b>Reason for admission to hospital:</b>							
	<b>Working Diagnosis:</b>							
	<b>Senior medical review:</b> Yes      No							
	<b>Treatment Escalation Plan :</b>		<b>Resuscitation Status:</b>					
<b>B</b> Background	<b>Past medical history:</b>							
	<b>Please identify if the patient has known dementia or acute confusion:</b> Dementia team informed? Yes      No One to one nursing      Yes      No							
	<b>Social circumstances:</b> <i>Please ring any of the following that apply:</i> learning disability - safeguarding - security issues - DOLS - psychiatric issues - under section							
<b>A</b> Assessment Part A	<b>Observations:</b> NEWS score ..... Frequency of observations : <b>If NEWS&gt;5 Has sepsis screen been completed?</b> Yes No <b>Blood sugar:</b>							
	<b>Infection status?</b> COVID swab: PCR Date / Time      Rapid swab: Date / Time Result: Admission pathway : GREEN (low risk) or RED Side room required? Yes No Reason:							
<b>A</b> Assessment Part B	<b>Pain control:</b>		<b>Drains / lines present:</b>					
	<b>Mobility</b> - risk of falls: Yes No		<b>Medication issues:</b>					
	<b>Pressure Areas</b> intact Yes No		<b>Continence needs:</b> Continent Incontinent					
	<b>Nutritional status:</b> Eating Drinking Diet		<b>Requires air mattress:</b> Yes No					
<b>Fluid chart:</b> Yes No		Feeding lines						
<b>R</b> Recommendation	<b>Current medical plan:</b>							
	<b>Any outstanding investigations:</b>							
<b>D</b> Decision to transfer	<b>Does patient need a nurse escort?</b> Yes No (see transfer risk tool on reverse).							
	<table border="1"> <tr> <td>Very Low</td> <td>Low</td> <td>Moderate</td> <td>Moderate - High</td> <td>High - Very High</td> <td>Very High</td> </tr> </table>			Very Low	Low	Moderate	Moderate - High	High - Very High
Very Low	Low	Moderate	Moderate - High	High - Very High	Very High			
<b>Property for transfer?</b> Yes No		<b>(this must be labelled with patient sticker)</b>						
<b>Patients own Medication ?</b> Yes No								
<b>Next of kin updated?:</b> Yes No								
<b>How will patient transfer to ward:</b>								

# Patient Transfer Risk Assessment Tool (Brighton RSCH and PRH)

Very Low	Low	Moderate	Moderate – High	High – Very High	Very High
Clinically stable or medically fit with no cognitive impairment	Vulnerable patients including: • dementia or delirium • safeguarding • learning difficulties • mental health section • DOLs  Clinically stable or medically fit, low flow oxygen.	Is a complex handover required?  Is the patient a prisoner or under police custody?  IV fluid therapy Oxygen $\geq 35\%$ Infection control issues e.g. D&V.	<ul style="list-style-type: none"> <li>Any patient requiring an invasive procedure likely to be given sedation</li> <li>Post-operative or invasive procedure</li> </ul> Consider: A & B – high flow oxygen, C – haemodynamically stable Receiving a blood transfusion, chemotherapy or on continuous IV therapy that is of opioid in nature. D – Variable rate insulin infusion.	Use your clinical judgment:  A & B – Newly formed tracheostomy/ laryngectomy. C – Cardiovascularly unstable-cardiac monitoring, chest pain, chest drain. D – Reduced GCS (abnormal for patient)	A&B- Airway compromise or any acute difficulty in breathing: wheeze, stridor, requiring high flow oxygen to maintain oxygenation; intubated and ventilated or at risk of airway loss. C- Currently haemodynamically unstable requiring aggressive fluid resuscitation and / or titration of inotropes/vasopressors. External pacing (via defibrillator) D-Unconscious
Very low Consider unescorted transfer	Low Escort required: Consider healthcare assistant, support worker, student nurse or midwife	Moderate Band 4, registered nurse or midwife	Moderate Registered nurse or midwife.	High Critical care outreach nurse / ICU nurse / site practitioner / experienced qualified nurse / midwife	Very High Medical escort +/- nurse/OPD Anaesthetist Critical care outreach nurse.



Use clinical judgement, this tool is to aid assessment.