

Name Trust ID DoB (Attach patient sticker)
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## RSCH specific

### Care pathway for L3 patient pre ICU (>1 hour)

<b>Date:</b>	<b>Time:</b>
<b>Brief summary of patient problem:</b>	
<b>Plan:</b>	
<b>Resuscitation status:</b>	
<b>Brief past medical history:</b>	

### Plan for transfer to RSCH ICU (Ext 4275 / 4613)

**Time patient confirmed for admission to ICU:**

**Estimated time for transfer to ICU:**

**Names of key contacts:**

- Starred consultant anaesthetist** .....
- ICU Nurse in charge (Ext 62008)**.....
- ICU Consultant (Ext 62036)** .....
- ICU Registrar (Bleep 8413)** .....
- Outreach nurse (Bleep 8495)** .....
- Resus / Recovery Nurse** .....

### Equipment checks:

*Initial*

Wall oxygen or full oxygen cylinder	
Bag valve mask present	
Waters breathing circuit present	
Transfer monitor & batteries charged	
Portable ventilator alarms checked	
Patient ID band checked	
End Tidal CO2 connected	
HME filter insitu	
Closed suction system	
ICU observation chart commenced	

## Parameters for care:

Ventilation	
Preferred mode: Target tidal volume: Neuroprotective ventilation:	
Cardiovascular	Renal
Target MAP:	Target urine output:
Microbiology & Antibiotic therapy	
Other comments	

## Assessment and Care of a ventilated (L3) patient pre ICU

*Complete at time of receiving patient or change of shift*

**Completed by:**

**Time:**

Airway & Breathing	
Intubation time: .....Grade:..... ETT size:.....lip level..... cm Tapes secured: Cuff pressure: Air entry: Left                      Right	Comments :
Ventilation settings / monitoring	
Ventilation Mode: Rate:                      I:E ratio: PEEP:                      Peak pressure: Pressure support: Minute volume:                      Tidal Volume: FiO <sub>2</sub> :              SpO <sub>2</sub> :                      ET/CO <sub>2</sub> : ABG checked:      YES              NO CXR checked:      YES              NO Suction:                      Colour: Sample sent:      YES              NO	Comments:
Cardiovascular	



## Communication:

NOK contact details:

Details of communication with family:

Property details:

Any other comments:

## Patient transfer to ICU:

### Reassessment for transfer

SYSTEMATIC CHECK POINTS AFTER EACH PATIENT MOVE AND OBSERVATION			
PREPARE PATIENT	PREPARE PATIENT	PREPARE EQUIPMENT	TRANSFER AND EMERGENCY CONTACTS
<p><input checked="" type="checkbox"/> <b>A</b></p> <p><input type="checkbox"/> Own airway  <input type="checkbox"/> ETT <input type="checkbox"/> Tracheostomy</p> <p>Intubation grade .....</p> <p>Tube size ..... Length at teeth .....</p> <p><input checked="" type="checkbox"/> <b>B</b></p> <p><input type="checkbox"/> FiO2 .....</p> <p>SV <input type="checkbox"/> NIV <input type="checkbox"/> Ventilated <input type="checkbox"/></p> <p>Ventilation mode .....</p> <p><input type="checkbox"/> Adequate gas exchange confirmed by arterial blood gas</p> <p><input checked="" type="checkbox"/> <b>C</b></p> <p><input type="checkbox"/> Venous access identified and secured  <input type="checkbox"/> Fluid requirements met  <input type="checkbox"/> Inotropic requirements met</p> <p>MAP target .....</p>	<p><input checked="" type="checkbox"/> <b>D</b></p> <p><input type="checkbox"/> Neurological status checked  <input type="checkbox"/> Sedation  <input type="checkbox"/> Analgesia  <input type="checkbox"/> Paralysis</p> <p>Blood glucose .....</p> <p>GCS ..... (E..... V..... M.....)</p> <p><input checked="" type="checkbox"/> <b>E</b></p> <p>Need for infection control precautions            No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>If yes, give details .....</p> <p>.....</p> <p><input type="checkbox"/> Patient secured safely to bed / trolley</p> <p><input type="checkbox"/> Adequate clothing / blankets to prevent heat loss</p> <p><input type="checkbox"/> Infusions running and lines visible</p>	<p><input checked="" type="checkbox"/> <b>Equipment</b></p> <p><input type="checkbox"/> Alarms adjusted and activated  <input type="checkbox"/> Oxygen cylinders  <input type="checkbox"/> Monitor with ET/CO2  <input type="checkbox"/> Defibrillator if appropriate  <input type="checkbox"/> Portable suction  <input type="checkbox"/> Sufficient batteries and electrical reserve  <input type="checkbox"/> Transfer bag - contents checked (airway &amp; ventilation, vascular access, fluids)  <input type="checkbox"/> Bag valve mask</p> <p><input type="checkbox"/> Additional medications for transfer (consider - emergency drugs, sedation, analgesia, inotropes, paralyzing agents)  <input type="checkbox"/> Equipment for ongoing treatment at destination</p> <p><input checked="" type="checkbox"/> <b>Operational</b></p> <p><input type="checkbox"/> Patient and relatives informed  <input type="checkbox"/> Case notes as appropriate  <input type="checkbox"/> Porters booked</p>	<p><input checked="" type="checkbox"/> <b>Transfer</b></p> <p><input type="checkbox"/> Route considered, including lifts, doorways and possible obstruction</p> <p><input checked="" type="checkbox"/> <b>Emergency Contacts</b></p> <p>If patient deteriorates of equipment problems contact:</p> <p>Critical Care nurse in charge            Tel/bleep .....</p> <p>Critical Care/Anaesthetic consultant            Tel/bleep .....</p> <p>Outreach            Tel/bleep .....</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p style="text-align: center;"><b>Resuscitation status</b></p> <p style="text-align: center;"><input type="checkbox"/> For CPR    <input type="checkbox"/> DNACPR</p> </div>
<p>Systematic checks should be carried out prior to transfer, after any patient move or procedure, prior to and following return to Critical Care</p>			

SEC OCN Version 1 April 2016 Acknowledgement to Critical Care Network North West London

## Handover in ICU using standard operating procedure

Time transfer completed :