

Appendix 3: Transfer Risk Assessment Document

NAME
AGE
HOSPITAL ID
CONSULTANT

Transfer Risk Assessment Document
RSCH Brighton and PRH
 To be completed by nurse caring for patient prior to transfer



Date: _____ Time: _____		Form completed by:						
Current Location of Patient:		Print Name: _____	Designation: _____					
Name of person handing over:		Contact number for any handover queries:						
		DECT phone: _____						
		Extension: _____						
S Situation	Reason for admission to hospital:							
	Working Diagnosis:							
	Senior medical review: Yes No							
	Treatment Escalation Plan :		Resuscitation Status:					
B Background	Past medical history:							
	Please identify if the patient has known dementia or acute confusion:							
	Dementia team informed? Yes No One to one nursing Yes No							
Social circumstances: Please ring any of the following that apply: learning disability - safeguarding - security issues - DOLS - psychiatric issues - under section								
A Assessment Part A	Observations: NEWS score Frequency of observations :							
	If NEWS>5 Has sepsis screen been completed? Yes No							
	Blood sugar:							
Infection status?								
COVID swab: PCR Date / Time		Rapid swab: Date / Time						
Result: Admission pathway :		GREEN (low risk) or RED						
Side room required? Yes No Reason:								
A Assessment Part B	Pain control:		Drains / lines present:					
	Medication issues:							
	Mobility - risk of falls: Yes No		Continence needs: Continent Incontinent					
	Pressure Areas intact Yes No		Requires air mattress: Yes No					
Nutritional status: Eating Drinking Diet Feeding lines								
Fluid chart: Yes No								
R Recommendation	Current medical plan:							
	Any outstanding investigations:							
D Decision to transfer	Does patient need a nurse escort? Yes No (see transfer risk tool on reverse).							
	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="background-color: #0070C0; color: white;">Very Low</td> <td style="background-color: #0070C0; color: white;">Low</td> <td style="background-color: #92D050; color: white;">Moderate</td> <td style="background-color: #92D050; color: white;">Moderate - High</td> <td style="background-color: #FF7F0E; color: white;">High - Very High</td> <td style="background-color: #D62728; color: white;">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			
Property for transfer? Yes No (this must be labelled with patient sticker)								
Patients own Medication ? Yes No								
Next of kin updated?: Yes No								
How will patient transfer to ward:								

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 - hearing difficulties - mental health section - ODLs Clinically stable or medically fit, low flow oxygen.	Is a complex transfer required? Is the patient a prisoner or under police custody? IV Fluid Therapy Oxygen ISSM infection control issues e.g. TBV.	<ul style="list-style-type: none"> Any patient requiring an invasive procedure likely to be given sedation Post-operative or invasive procedure Cardiac: A & B – High flow oxygen, C – haemodynamically stable - Requiring a lateral transfusion, Chemotherapy or on continuous IV therapy that is of special 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. E- External pacing (via defibrillator) D- Unconscious
Very low Consider unescorted transfer	Low Escort required: Consider healthcare assistant, support worker, student nurse or mahala	Moderate Band 5, registered nurse or mahala	Moderate Registered nurse or mahala	High Critical care outreach nurse / ICU nurse / site practitioner / experienced experienced nurse / midwife	Very High Medical escort +/- nurse/OPD Anaesthetist Critical care outreach nurse.



Use clinical judgement, this tool is to aid assessment.