Patient demographics or sticker

**Transfer Proforma**

**Admission date:** Click or tap to enter a date

**Transfer date:** Click or tap to enter a date

|  |  |
| --- | --- |
| **Presenting complaint** | **Reason for transfer** |
| **History of presenting complaint** |
| **PMHx** | **Medications** *anticoagulation/guidance about when to restart if withheld, time important medications* | **Adverse Drug Reactions** *include allergies* |
| **Social history and function** *include any levels of dependence for day-to-day activities, mobility aids* |
| **Timeline** *key events, investigations and interventions* |
| **Airway & Breathing**ETT/Trache Insertion date: Click or tap to enter a date Change date: Click or tap to enter a dateType\_\_\_\_ Size\_\_\_\_ Length \_\_\_FiO2: Ventilator settings**:**Progress / status of wean plan *if on SWCCN Protocol A/B or RISCI 2023 guidance, consider time VFB or stages of laryngeal wean started, use of speaking valves* | **CVS and access**CVS support: Invasive devices position & insertion dateA-line [*position*] Insertion: Click or tap to enter a dateCVC [*position*] Insertion: Click or tap to enter a dateVascath [*position*] Insertion: Click or tap to enter a dateOther: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Neurology** *sedation used, best GCS / current neurological status (include delirious episodes, ASIA score). Consider any trials of sedation wean / requirements / outcomes* | **Microbiology** *consider current Abx, regimen, start and end date, significant results.* |
| **Nutritional status and plans** *route, feed prescription, tolerance (any GI symptoms), dietary restrictions/SLT, food allergy/dietary preference, ongoing Dietitian input, weight/muscle mass loss* | **Infection control precautions** *Consider adding infection control swab dates in this section. Refer to* [*South West Critical Care Network Core Principles for IPC Transfers Final V4.1.pdf*](https://www.southaccnetworks.nhs.uk/media/South_West_CCN/guidelines/South%20West%20Critical%20Care%20Network%20Core%20Principles%20for%20IPC%20Transfers%20Final%20V4.1.pdf) |
| **Patient/family discussions** *discussion of patient wishes, significant family updates***NOK details** | **Rehab status** *Consider progress to date, transfer method, goals working towards for physical, cognitive and psychological recovery. Consider swallow status /SLT recommendations* |
| **Treatment escalation plan (ReSPECT/DNACPR)** |
| **Outstanding medical tasks and investigations** |
| **Referrer details****Name: Grade: Named Consultant:****Trust: Contact number:** |

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Trust:

Contact number: