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 date  Type\_\_\_\_ 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 date  A-line [*position*] Insertion: Click or tap to enter a date  CVC [*position*] Insertion: Click or tap to enter a date  Vascath [*position*] Insertion: Click or tap to enter a date  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **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:** | | | |

**Referrer details**

Name: Grade: Named Consultant:

Trust:

Contact number: