Checklist for adult patient waiting for retrieval or urgent transfer

August 2024

This checklist is for healthcare professionals managing a critically ill patient while waiting for transfer. This does not replace the medical record. Use clinical discretion.

Retrieval or ICU consultation is recommended for complex cases and when clinical interventions are indicated. Consider interventions based on individual patient requirements, facility capability and staff skill mix.

	Assess	Specialised actions
Airway **Ensure airway safe and secure**	**Own or advanced airway** **Interventions:** Intubation indicated **ETT position confirmed:** Capnography CXR ETT cuff pressure (20-32 cm H_2O) ETT size and lip length documented HME (between ETT and tubing)	**NIV or ventilation established** Assess: • Capnography • Tidal volumes • Peak pressures • Patient tolerance Ventilator alarms set 30° head up **Invasive specific interventions** NGT or OGT Sedation and analgesia Paralysing agents **NIV specific:** Assess for excessive air leaks (check mask fit, leak alarm on ventilator) Patient positioning upright
Breathing **Optimise oxygenation**	**Work of breathing assessed:** Auscultation VBG or ABG CXR **Interventions:** **Chest tube indicated:** • Chest tube secured and UWSD functioning • Chest tube position confirmed • Output: Advise if > mL/15mins	
Circulation management **Optimise tissue perfusion**	**MAP target** **Sys BP target** **Urine output target** Fluid losses replaced Fluids warmed **Interventions:** **Control bleeding:** • Blood products **AND/OR** • Tranexamic acid **End organ perfusion optimised consider:** • Vasopressor infusions • Pacing or chronotrophy • Prepare spare infusions	**IV ACCESS** 2 x large bore IV cannula Assess: • Secured and flushing • Ports accessible +/- 3 way tap • For difficult IV access in emergencies; consider I/O **Interventions:** **If advised by retrieval (and feasible):** • Insert arterial line • Insert CVC or PICC

Emergency Care Institute
Agency for Clinical Innovation

NSW GOVERNMENT

Published August 2024. Next review 2029. ACI/D24/1966-04 SHPN (ACI) 240628 [ACI_09444 (08/24)]

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	Assess
Monitoring **Safety net: Recognise and respond**	**Visible waveforms + alarms set:** HR, SaO_2, $EtCO_2$, NIBP or Arterial BP **Auto cycle + alarms set:** NIBP, other alarms: RR, other **BGL:** Target 4-10 mmol **ACVPU or GCS** **Analgesia:** Adequate pain relief (+/- sedation) **Temperature:** Target 36.1°- 37.1°, consider active warming, consider fluid warmer **Interventions:** • Consider IDC • Correct abnormal pathology • Consider DVT prophylaxis
Other considerations and prompts **Applies if clinically indicated. Consider management and or prophylaxis.**	**Speciality consults:** **Sepsis:** Refer to NSW sepsis pathways **Trauma:** Surgical interventions, pelvic binder or limb splints, spinal precautions **Neurology:** Seizures, intracranial pressure, NSW Telestroke Service **Cardiology:** PACSA, STEMI pathway, ECMO
Communication: **Patient, NOK and carer**	Retrieval process, destination and plan communicated to patient and NOK Patient wishes and treatment limitations discussed and documented Local GP and/or specialist consulted
	Pre-departure retrieval support
	IDC emptied Prophylactic antiemetics available ID and allergy bands in situ OGT or NGT aspirated **AND** Drainage bag attached
	Documentation
	Transfer (IHT request) entered in PFP **Copy of notes completed, include:** ECGs, imaging, pathology results and ID stickers Patient's family, carer and NOK contact number/s

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Refer to the glossary for definitions of the acronyms in this form.

Victorian State Trauma System Guideline

Preparation For Retrieval

Careful Preparation for Retrieval Transport Improves Care & Reduces Risk

AIRWAY

ENSURE PATIENT AIRWAY SAFETY

1. Assess airway stability
2. ETT patent, secure and position confirmed
3. $ETCO_2$ continuous monitoring
4. Sedation and/ or paralysis adequate

BREATHING

ENSURE OPTIMISED OXYGENATION

1. Observe respiratory rate and character
2. SpO_2 monitored / blood gases reviewed
3. Administer oxygen using an appropriate delivery device
4. Ensure ventilation settings appropriate
5. Intercostal catheters patent and secure

CIRCULATION

ENSURE IV ACCESS AND MANAGEMENT

1. Ensure x 2 peripheral access secure and patent, injection ports accessible.
2. Consider intraosseus access where IV access difficult
3. Secure all CVC/arterial lines
4. ECG & NiBP/ Arterial BP appropriately monitored and managed
5. IDC and orogastric tube insitu - output measured
6. Check blood sugar
7. Prepare medications for transfer according to the Monash Childrens Paediatric Emergency Medication Handbook or Adult Retrieval Victoria Infusion Guidelines

DOCUMENTS & DEPARTURE

ENSURE DOCUMENTATION COMPLETE

1. Complete referral and transfer document
2. Provide copies of all patient charts & NOK details
3. Investigation & imaging results included
4. Be aware of any advanced care directives
5. Ensure belongings are managed and family engaged

EQUIPMENT

EQUIPMENT CHECK

1. Oxygen/infusions sufficient for transport
2. Batteries and spares sufficient
3. BVM and suction available and functioning

OTHER

- Monitor temperature and prevent heat loss
- Ensure pressure area care is attended
- Gastric decompression if intubated
- Empty drainage bags prior to transport
- Administer anti-emetic and analgesia as required
- Restrict spinal motion, manage splints & pelvic binder if indicated, consult with ARV/ PIPER if not tolerated
- Seizure prophylaxis in Traumatic Brain Injury

ALERT

It is important that you notify the ARV/PIPER Coordinator of:

- Significant deterioration in:
  - Conscious state
  - Respiratory status or oxygenation
  - Heart rate
  - Blood Pressure
- Major clinical developments such as significantly abnormal diagnostic tests, new clinical signs etc.
- The need for major interventions prior to the retrieval team arriving (e.g. intubation, surgery etc).

ARV Adult Retrieval Victoria 1300 36 86 61

PIPER Paediatric Infant Perinatal Emergency Retrieval 1300 13 76 50

Ambulance Victoria