

Surname:
 First Name:
 NHS Number:
 DOB:
 Address:

Major Trauma Secondary Transfer Checklist (pg 1/2) Date: @

Referring Hospital:	Receiving Hospital: University Hospital Southampton
Department:	Accepting Clinician: @
Referring Clinician / Trauma Team Leader:	Destination in UHS:
Contact telephone number:	Contact number: 02380 796666 ED Red Phone or:.....

IF PATIENT <16YRS, CONTACT SORT AND USE STOPP FORM INSTEAD

Age		Important PMHx:	
Time of event		Anti-coag: <input type="checkbox"/> Yes <input type="checkbox"/> No	Reversed: <input type="checkbox"/> Yes <input type="checkbox"/> No
Mechanism		Allergies:	
	Injuries:	Current Vital Signs:	Treatments:
Catastrophic Haemorrhage:			<input type="checkbox"/> Tourniquet in situ since..... <input type="checkbox"/> External pressure dressing
Airway: C spine:	<input type="checkbox"/> Safe and secure		<input type="checkbox"/> Intubated <input type="checkbox"/> C spine immobilised
Breathing:		RR : Sats:% on.....	<input type="checkbox"/> Ventilator/capnography <input type="checkbox"/> Thoracostomy <input type="checkbox"/> Chest drain insertion
Circulation:		P : BP:	<input type="checkbox"/> 2 x IV access <input type="checkbox"/> Blood products <input type="checkbox"/> Pelvic binder <input type="checkbox"/> Femoral splint <input type="checkbox"/> TXA 1 st dose <input type="checkbox"/> 2 nd dose <input type="checkbox"/> <input type="checkbox"/> Damage control surgery
Disability:		GCS: M ...V ... E.... Pupils: L..... R..... BM:	<input type="checkbox"/> Sedation/paralysis <input type="checkbox"/> Analgesia <input type="checkbox"/> ICP management
Exposure:		Temp:	<input type="checkbox"/> Temperature control

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Major Trauma Secondary Transfer Checklist (pg 2/2) Date:

Patients needing time critical intervention should leave the ED within 30 minutes of decision to transfer

Indication for transfer: <input type="checkbox"/> Automatic acceptance criteria <input type="checkbox"/> Secondary transfer
Radiology:	<input type="checkbox"/> Images transferred to MTC @
Infection control:	<input type="checkbox"/> Covid status PCR positive/negative /unknown <input type="checkbox"/> Other
Transfer team handover:	<input type="checkbox"/> Bedside handover
Hard copy of pre-hospital records:	<input type="checkbox"/> With transfer team
Hard copy clinical records:	<input type="checkbox"/> With transfer team
Hard copy drug chart:	<input type="checkbox"/> With transfer team
Hard copy of radiology report:	<input type="checkbox"/> With transfer team – NB: Can be a written record of verbal report in the clinical notes
Anticipated complications:	<input type="checkbox"/> Intubated or decreased response level <input type="checkbox"/> Agitated or aggressive patient <input type="checkbox"/> Post thoracotomy <input type="checkbox"/> On going blood transfusion <input type="checkbox"/> On going infusion pumps IF ANY OF ABOVE RED FLAGS THEN WTN EXPECT DISCUSSION WITH CRITICAL CARE TEAM TO FACILITATE TRANSFER BY APPROPRIATELY TRAINED PERSONNEL
Grade of transfer personnel:	
NOK:	Name: Relationship: Telephone: <input type="checkbox"/> Informed of transfer
Transfer bag/drugs/oxygen checked Coastguard Helicopter Transfers: AirVac mattress inflated	<input type="checkbox"/> <input type="checkbox"/> .

**If above checks completed proceed with transfer and inform receiving hospital of patient departure and expected ETA
 Request Ambulance / Helo to alert transfer destination when 15 away**