



Pre-hospital Care Standard Operating Procedure

Inter-hospital Transfers

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Aims:

- Describe the organisational process behind inter-hospital transfer requests.

Background:

Inter-hospital transfers are carried out rarely and each transfer should be discussed with the duty pre-hospital care consultant.

The role of the London HEMS service is to provide a primary trauma service for Greater London and performing a secondary transfer removes this capability for significant periods of time.

There are 2 categories of secondary transfer:

1. An urgent transfer where patients have a time critical problem that requires tertiary medical care.
2. A non-urgent transfer of a stable patient for tertiary medical care.

When a referring unit enquires about a transfer the HEMS team should always endeavour to facilitate the transfer process. Even if ultimately the patient is not airlifted by our service we must never simply turn colleagues away. More often than not the clinicians are desperately trying to facilitate tertiary care and are already having problems. Registrars should familiarise themselves with the appropriate documentation forms for transfers, which should be carried at all times in the flightboard.

Policy:

All transfers should be carefully planned and documented.

- Establish the clinical state of the patient at the referring unit by speaking directly with the registrar or consultant looking after the patient. Use the transfer form as an aid memoire. All the information on this form will be required, even if we do not undertake

- the transfer. Having gathered this information speak with the Prehospital Care Consultant. If the transfer is considered appropriate continue with the arrangements.
- Contact the doctor who accepted the patient at the receiving unit - it is vital to ensure that an appropriate bed is available at the receiving unit and there is no confusion about the clinical state of the patient.
 - Discuss the proposed mission with the HEMS Captain. The weather may be fine in London but may be less clement in the outer counties. The journey may require extra fuel. Establish the approximate flying time.
 - Discuss the mission with the HEMS paramedic in EOC. You may require land ambulance transfers. Establish the likely transport times for this phase of the mission.
 - If all of the above are favourable then confirm with the referring unit and provide them with an estimated time of arrival. There is always a tendency to underestimate the transfer times - try and be accurate.
 - Confirm the ETA provided to the referring unit with the HEMS paramedic in EOC and agree a time from which you will be "off line" for primary work.
 - There may be an option to activate a MEDIC 2 team to cover London by car – discuss with Consultant.
 - Unless the patient is a child, relatives are not normally carried on transfers.
 - Do not forget patient documentation (medical notes, imaging CD, plain films) and your record of the transfer.
 - Where possible non-urgent transfers should be arranged from approximately 10:00 am. This is statistically a relatively quiet time and allows for early fog to disperse.

Long Range Transfers

- CAREFLIGHT (telephone 01279-680099) are an independent organisation who will arrange transfers by fixed wing aircraft or helicopter under the supervision of a doctor and their details should be offered as an alternative if transfer by HEMS is not appropriate.

Spinal Injury Transfers - Points of note for the referring unit

- Premed with an anti emetic 30 minutes before HEMS ETA.
- Leave the packaging until you arrive.
- Package the patient "blanket to scoop".
- Always carry out a neurological examination that documents the neurological status of the patient before they are packaged at the referring unit. If there is any discrepancy with that documented in the notes, review and update the hospital notes with the referring doctor.
- At the receiving unit the neurological status should be reviewed with the receiving doctor. Again any changes should be documented in the patient notes.
- Spinal injuries that are hypotensive must have had other causes of hypotension excluded before transfer. This may require imaging eg CT scan.

- Head traction cannot be maintained during flight. Confirm verbally from the receiving doctors that traction can be removed. If it cannot then ground transfer is the only option.