



Title	Guideline for the safe transfer of patients
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1. Title: Guideline for the safe transfer of patients
2. Published: May 2006
3. Review date: January 2017
4. Agreed and signed off by:
5. Group of staff to which it applies: all BGH patients
6. Local reviewer and contact: Dr D Love
7. Guideline reviewed on behalf of: BGH Clinical Board

8. Review summary:

This guideline outlines the principles of safe transfer of patients between areas or departments within Borders General Hospital, and from Borders General Hospital to other hospitals. It provides guidance to medical and nursing staff of the skills required when arranging transfers and escorting patients, taking into account patients' clinical conditions.

9. Origins of guideline:

(a) Clinical incident reporting

(b) Recommendations from regional clinical services and Scottish Ambulance Service

10. Source of supporting information in the event of failure:

Consultant(s) on call and Senior Nurse in charge of hospital

Guideline for the safe transfer of patients

Principles for the safe transfer of patients

Planning for the transfer of patients must take into account the reason for transfer, assessing:-

- Risks and benefits to the patient
- Communication with the receiving unit to determine any specific requirements, i.e. treatment, equipment, drugs, etc.

The following principles are applicable to inter-hospital transfers and transfers between areas or departments within Borders General Hospital:-

- The Consultant responsible for the patient within BGH is accountable for the safe transfer of the patient
- Specific requirements for the transfer will depend on:-
 - the medical or psychiatric condition of the patient
 - the stability of the patient's condition
 - any therapy which is currently in progress, or required during the transfer
- National or regional guidelines should be followed if available and where appropriate
- Responsibility for the transfer documentation lies with the referring Consultant and Nurse assigned to the patient's care
- Prior to transfer the patient's condition should be made as stable as possible

Personnel accompanying the patient during transfer

It is essential that the person(s) accompanying a patient during transfer has knowledge, skills and training appropriate to meet the patient's current and predicted condition and requirements.

- Ambulance personnel are trained to deliver pre-hospital care and should not be expected to provide secondary care.
- Portering staff must never be expected to take responsibility for any patient who may require nursing intervention or emotional support during transfer.

Key factors in determining if a patient requires to be accompanied during a transfer are:-

- The stability of the patient's condition
- Management of drug infusions / syringe drivers / infusion devices
- Management of blood transfusions or colloid infusions
- Presence of significant psychiatric problems
- Presence of an acute confusional state
- Patients with communication difficulties

In addition to the above for transfers between hospital areas or departments, the following factors should also be considered when determining requirements for escort:-

- Presence of central lines or intercostal drains
- Patients at risk of self harming
- Patients who have the potential for violence / aggression / non-compliance with therapy

Decisions about the need for a skilled escort for transfers between hospital areas or departments will usually be made by the Nurse in charge of the “sending” unit.

Decisions about the need for a skilled escort for inter-hospital transfers will be taken following discussion between local medical and nursing staff and in conjunction with the receiving unit.

Medical records

Medical records accompany patients on transfers between areas and departments within BGH. If there is no nurse escort **these must be placed in a sealed envelope and it is the responsibility of portering staff to ensure that they are handed over to a trained member of staff on the receiving unit.**

For inter-hospital transfers the documentation accompanying the patient should be:-

- A medical transfer letter (preferably typed, otherwise **legibly** hand written)
- A nursing transfer letter (preferably typed, otherwise **legibly** hand written)
- For hospitals external to NHS Borders a copy of the entries in the medical records pertaining to the current episode of care. In *exceptional* cases the medical records may accompany the patient and in this instance it is the responsibility of the referring Consultant arranging the transfer to ensure that the patient’s medical records are accurately tracked on TrakCare to the receiving destination (hospital and ward/Consultant).
- When moving a patient to a Community Hospital in NHS Borders the medical records should accompany the patient. A medical transfer letter is not always required (technically this is a discharge from BGH and admission to the receiving hospital)

Attached is a table of examples of transfer requirements for quick reference (Appendix 1).

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Appendix 1

Inter-hospital transfer:

Patient	Stable	Therapy	Monitoring / Equipment	Personnel Required
Unconscious	No	Anaesthetised, syringe pumps	Invasive monitoring, ventilator	Anaesthetist, nurse familiar with monitor / infusions.
Unstable angina for angiography	Yes but may not remain so	Infusion(s) of cardioactive drugs	Non-invasive, syringe pumps, infusion pump	Appropriately qualified nurse competent to provide advanced life support to resuscitate and vary infusion rates.
Oesophageal varices for TIPSS	Yes – temporarily!	Blood, colloid, syringe pump, Minnesota tube <i>in situ</i>	Invasive monitoring, ventilator	Anaesthetist, nurse familiar with monitor / infusions.
Stable inpatient for transfer to NRIE	Yes	Oral medications	4 hourly non-invasive	Ambulance staff only.

Inter-ward / department transfer:

Patient	Stable	Therapy	Monitoring / Equipment	Personnel Required
Unconscious	No	Drug(s), possibly anaesthetised	Infusion devices, oxygen therapy +/- ventilator	Registered Nurse, Anaesthetist if anaesthetised
Acute confusional state	No	IV	Infusion devices	Registered Nurse
Central lines / chest or wound drains	Yes			Registered Nurse competent at safely managing these
Oxygen therapy	Yes			Non Registered Nurse
Confused / anxious, self-harming	Yes			Registered Nurse