

**INTRA – HOSPITAL TRANSPORT OF UNSTABLE /CRITICAL CARE**

**PATIENT**

**Transport check list for ICU patient<sup>[4]</sup>**

Patient Name-----MRD no.....Label

Date Time

Indication for transport Diagnostic Imaging MRI/CT/PET scan /gastroscopy/CAG/Other.....

Therapeutic...OT/Cath lab Life saving Yes  No

If yes, reason

Consent form

APACHE Score on admission

SOFA Score on admission –

SOFA score during transport

Family aware and risk explained

Pre transport assessment

Airway open  Intubated  ETT size - mark@ Incisor ... Tie Cuff

Pressure.....

C-spine Clear

Breathing Spontaneous  Ventilated  ABG/ Spo2 Reviewed

Circulation

Intravenous line peripheral  Central  Secure/ patent

Arterial line NO  Yes  Secure

Inotropic supports

1..... @

Disability

GCS –

Sedated  paralyzed

Sedation agitation score (RASS)

+4	Combative	
+3	Very agitated	
+2	Agitated	
+1	Restless	
0	Alert & Calm	
-1	Drowsy	
-2	Light sedation	
-3	Moderate sedation	
-4	Deep sedation	
-5	unarousable	

Pain score – No pain  mild  moderate  severe

0	5	10
---	---	----

Exposure

Drains Surgical drains  ICD  EVD  others

ICD clamps

Splints /wounds yes,  No  Dressing intact

Monitoring during transport

monitoring	Pre transport	@15 min	@ 30 min	Post transport
HR/Rhythm				
Blood pressure				
Spo2/fio2				
GCS				
Ventilatory Mode Tidal volume PEEP Fio2 R.R				
Infusion volume @ rate 1. 2.				

Medication given				
1.				
2.				

Transport complication No

Yes

If yes specify details –

Signature

Nurse

Doctor

(Doctor accompanying/Qualifications)- Tick

Student/consultant/paramedic

Time period of transport

08.00 hr-14.00 hrs

14.00hr-20.00hrs

20.00hr- 08.00 hrs

Accompanied by (staff)

Nurse

Registrar  Respiratory therapist

Consultant  Paramedic

Clinical condition @ 24 HOURS-

GCS-

Ventilatory parameters- Increased/decreased/same- Tidal volume- PEEP. Fio2 RR

Hemodynamic -B.P Rhythm

Vasopressor/Inotropic requirement Increased/decreased/same

Outcome-

Shift to ward

Discharge

Death