

Appendix 3 – Long distance transfers

Referral considerations	Indication for transfer
	Timescale (please contact Retrieve early as this helps us plan for these transfers)
	If repatriation, does patient need to move now or can they complete their critical care stay first (reduces the risk associated with transfer)?
Patient preparation on day of transfer	Use Retrieve Checklist in Appendix 2 and the additional elements below
GI	NG feeding is not possible en-route, does the patient require maintenance IV fluid?
	Will the patient require a meal en-route?
	Avoid administration of laxatives on morning of transfer
	Prophylactic anti-emetic: Ondansetron 4mg IV
Renal	Empty catheter bag prior to departure
Drugs	Are additional infusion spares required due to transfusion duration?
	Can infusions be rationalised? Electrolyte and antibiotic infusions are rarely required (with the exception of potassium), or can be given over shorter duration. (Retrieve have 5 syringe pumps and 1 volumetric pump per trolley – if more are required, inform team during referral)
	Will the patient require essential medication during the transfer (e.g. anti-convulsants, anti-hypertensives, nimodipine, Parkinson's disease medication etc)
Patient-issued controlled drugs	Will the patient require administration of oral CDs en route? (Retrieve can only accept oral CDs that have been dispensed as a TTA (to take home) medication. Please discuss with your pharmacist early)
Pressure area, skin and wound management	Ensure pressure-related skin damage and areas of concern are clearly documented and handed over to Retrieve team
	Deliver skin care and any current topical treatments prior to transfer
	Ensure dressings are clean, intact and secure
Care needs	Does the patient have specific communication or care requirements that Retrieve should be aware of?
	If awake, are there any things that the patient finds comforting or useful to pass the time (e.g. music, reading, etc)?