

## Local Guideline – CCFHFT/001

## Guidelines for nurse staffing of critical care intra and inter-hospital transfers from the Intensive Care Unit

### Key Points

Considerations prior to transfer

Staffing considerations

Level of care risk stratification

|                                |                                                                                |
|--------------------------------|--------------------------------------------------------------------------------|
| <b>Version:</b>                | 1.0                                                                            |
| <b>Role of Policy Lead(s):</b> | Rita Mody                                                                      |
| <b>Reviewed by:</b>            | Dr S. Tote, Dr M. Peterson, Outreach Services                                  |
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| <b>Target audience:</b>        | All critical care staff managing transfer of patients from critical care areas |

### Version Control Sheet

| Version | Date       | Policy Lead(s) | Status                 | Comment |
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| 1.0     | 10.02.2017 | Rita Mody      | Sister, Intensive Care |         |

### Document location

| Document Type | Location                  |
|---------------|---------------------------|
| Electronic    | Intranet (ICU Guidelines) |
| Paper         |                           |

### Related Documents

| Document Type | Document Name                                                                          |
|---------------|----------------------------------------------------------------------------------------|
| Guideline     | Guideline for the Transfer of Patients (excluding maternity) Local Trust Policy (2011) |

Please continue to use this guideline but be aware that it is in review (16/12/2024).

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**Introduction:**

These guidelines refer only to those patients who are already in-patients within the Intensive Care Unit and need to be transferred to another part of the hospital (e.g. for scans) or to another facility.

Critically ill patients have a high risk of morbidity and mortality during transport. Several factors must be taken into account prior to and during the transfer, and the risk should be countered by the benefits of the transfer.

The level of risk must be assessed by an experienced clinician prior to transfer and should take into account. Local transfer network policy may differ across sites and therefore should also be taken into account.

- Current clinical status
- Specific risks related to the patient's condition
- Risks related to movement/transfer
- Likelihood of deterioration during transfer
- Potential for requiring additional monitoring/intervention
- Duration and mode of transfer

**Considerations prior to transfer:**

- The decision for any transfer falls to the Consultant in charge of the patient. Liaison with family is essential, but the final decision is that of the Consultant.
- The Consultant remains in charge of the patient until, for inter-hospital transfers, the point of completion of a formal handover at the receiving hospital. However the decision to transfer is the joint responsibility of the referring and receiving clinicians.
- For an inter-hospital transfer, mode of transport should take into consideration the nature of illness, urgency of transfer, geography, availability of transport, mode and cost.
- Appropriate equipment must be available to the transfer team and the availability of suitable transport personnel who are competent in the transfer of patients and appropriately trained.

Intensive care patients fall into level 2 and level 3 definitions in the Intensive Care Society Levels of Care.

Below is a summary of the more detailed definitions. Whilst this provides an indication of dependency, it may not directly correspond to the level of risk during transfer of any individual patient and therefore each patient transfer must be considered for its own risks.

|                 |                                                                                                                                                                                                                                 |
|-----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Level 0</b>  | Patients whose needs can be met on a normal ward in an acute hospital.                                                                                                                                                          |
| <b>Level 1a</b> | Patients at risk of deterioration, or those relocated from higher levels of care, whose needs can be met on an acute ward with additional advice and support from higher levels of care.                                        |
| <b>Level 1b</b> | Palliative care. Abnormal vital signs but not requiring a higher level of critical care.                                                                                                                                        |
| <b>Level 2</b>  | Patients requiring more detailed observation or intervention including support for single organ failure or postoperative care and those stepping down from higher levels of care.                                               |
| <b>Level 3</b>  | Patients requiring advanced respiratory support alone or basic respiratory support together with support of at least 2 organ systems. This level includes all critically ill patients requiring support for multi-organ failure |

Source: Frimley Park Hospital NHS Foundation Trust. 2011. Guideline for the Transfer of Patients (excluding maternity) Local Trust Policy <sup>2</sup>

#### **Nurse staffing considerations for transfer:**

- The nurse in charge will assess the escort requirements. It is recognised that the nurse in charge must ultimately decide on the level of escort for a patient leaving his/her area of responsibility.
- Whether an inter-hospital or intra-hospital transfer, all staff undertaking the transfer must be appropriately trained, competent and familiar with the use of all equipment taken.
- Evidence suggests that significant numbers of transfers are still being undertaken by inexperienced and inadequately trained staff<sup>1</sup>.
- The core competencies required of all staff for each transfer should include:

##### Knowledge:

Local/network/national transport guidelines

Understanding the principles of safe transfer of patients

Knowledge of ambulance/transfer environment and associated health and safety issues and relevant legislation

##### Skills:

Use of oxygen, respiratory therapies and portable ventilator

Use of basic monitoring (ECG, NIBP, pulse oximetry)

Use of transport equipment

Competent to carry out immediate life support as a minimum

Attitudes and behaviour:

Evidence of good team working

Evidence that plans for and prevents problems during transfer

Understands need for good pre-transfer documentation and completes all required documentation during transfer

Understands the need for good communication within transfer team and with others during a transfer

**Levels of care and risk:**

Guidance on which personnel can transfer critical care patients on an intra or inter-hospital transfer is detailed below.

There should be no difference in staffing considerations for either type of transfer. Both have similar risks and therefore the standard of knowledge and training for the transfer team should be equivalent. The following guidance should be used in conjunction with other patient related information at the time.

**Level 0 patients** - May be undertaken by a nurse working in intensive care, following their ICU supernumerary period or by another healthcare professional, if deemed appropriate.

**Level 1a patients** - May be undertaken by a nurse working in intensive care, following their ICU supernumerary period.

**Level 1b patients** - as per level 0 patients

**Level 2 patients** - May require two transfer personnel. The risks need to be understood about each individual patient with regards to who should accompany the transfer. The detail below plus the Risk Stratification Transfer Risk Assessment table may help to determine the transfer team:

Low-score (risk) group : Low risk of clinical deterioration during transfer; though some clinical competencies may be required during transfer. E.g. administration of oxygen therapy or use of infusion pumps. [May be accompanied by a nurse who is competent in ICU but has not undertaken any additional transfer training](#)

Medium-score (risk) group: Medium risk of deterioration during transfer. This group will require a more detailed pre-transfer assessment undertaken by the parent medical team to determine risk and therefore competencies of the staff required. Additional advice may be sought from anaesthesia / critical care if required; however, in many cases the parent team will have the necessary competencies to transfer the patient safely. [May be accompanied by a nurse who is competent in ICU but has not undertaken any additional transfer training however individual assessment is required and the nurse must have at least 6 months experience in ICU.](#)

High-score (risk) group: High risk of clinical deterioration during transfer. This group will normally require involvement of clinicians / nurses with critical care and advanced airway skills. [The transfer team must meet the same criteria as those accompanying a level 3 patient transfer.](#)

#### Risk Stratification: Transfer Risk Assessment<sup>1</sup>

| Low                     | Medium                   | High                   |
|-------------------------|--------------------------|------------------------|
| NEWS < 3                | NEWS 3-5                 | NEWS > 5               |
| Oxygen saturation > 92% | Oxygen Saturation 88-92% | Oxygen Saturation <88% |
| GCS > 13                | GCS 13 - 12              | GCS < 12               |
| Base deficit < 5 mmol/L | Base Deficit 5-10 mmol/L | Base Deficit 10 mmol/L |

Source: The Intensive Care Society. Guidelines for the transport of the critically ill adult. 3rd edition, 2011 (Risk assessment prior to transfer - appendix 7).

**Level 3 patients** – These transfers must be accompanied by an appropriately qualified ICU nurse and ICU doctor, both of whom have undertaken further training in transfer of critically ill patients and have, as a minimum immediate life support skills, but ideally advanced life support skills. It is appropriate to engage more junior staff as supernumerary to the transfer team if able, but they must not be considered as part of the actual transfer team.

#### References:

1. The Intensive Care Society. Guidelines for the transport of the critically ill adult. 3rd edition, 2011
2. Frimley Park Hospital NHS Foundation Trust. 2011. Guideline for the Transfer of Patients (excluding maternity) Local Trust Policy.