Appendix 2 – Checklist: preparing for an *ACCOTS transfer*

Airway & Breathing	Endotracheal tube adequately secured for transfer (do not cut tube)? Lung protective ventilation? CXR required?
Circulation	IV access x2 Arterial line if indicated (all intubated patients and all with a vasopressor requirement)
Neuro & Sedation	Regular pupil assessment Sedation and analgesia adequate?
GI	Is NG required? Stop NG feed and Actrapid if using
Renal	Urinary catheter (all intubated patients)
Micro	Infection control issues? If so, inform *ACCOTS* Antibiotics administered?
Blood	Blood products ordered if required for transfer? If uncertain, discuss with *ACCOTS*
Drugs	Patient allergy status confirmed? Administer medication that is due Does the patient have any issued medications that need to be transferred with them? Prepare adequate infusions for the journey and any additionally requested by *ACCOTS*. At a minimum for a ventilated patient, please prepare **3 x the journeys duration** of the following: Sedative (e.g. propofol (1% or 2%) [or equivalent] Opiate of choice (e.g. 50ml alfentanil (2500mcg in 50ml) [or equivalent] Paralysis infusion or 3 x doses (rocuronium or atracurium) Noradrenaline (if central access available – metaraminol if not) If uncertain, discuss with *ACCOTS*
Temperature	Keep patient warm
Identification	2 patient identification bands
Documentation	Discharge summary (or transfer letter) Copy of relevant patient notes Copy of drug chart Copy of blood results Copy of relevant microbiology reports Imaging electronically transferred to receiving hospital? If uncertain, speak to PACS team
Next of Kin	Aware of transfer and destination?