

Reviewed: March 2023

## Intra-hospital Transfer – Preparation and Tachycardia

**Decision making** 

## Transfer

Name:	C A	01	Para alabata	027	10.
	C Andrews		tions at start	CRT:	2s
D.O.B.	12/02 (57 years)	RR:	16	Temp:	37.9
Address:	(Insert local address)	ETCO2:	4.6	BM:	5.5
	744 (00 7440	Sats:	98%	Weight:	79Kg
Hospital ID:		Heart rat		Allergy	NKDA
Ward:	ITU Background to scenario	BP:	115/76	Specific set up	
	n SAH was admitted to ITU fo	or	Mannequin on ITU		
•	have dropped their GCS fr		Intubated and ve		ioi inoimoing
	pated and now need transfe		Cannulated, arte	•	erted
xpectation to prepare patient and equipment for			Sedation running		
ransfer. Tachycardia due to inadequate sedation			Anaesthetic and emergency drugs, transfer		
during preparation.			equipment as per local policy available		
cenario ends o	s team sets off for CT		Space to simulate	e ICU and corrid	or
	nded with other intra-hospit				
	red embedded faculty/acto	ors		quired participo	ants
CU doctor (to handover)			Anaesthetist		
DDP/ICU nurse		D 144 15	ODP/ICU nurse in	MDI sim	
		Past Medico	al History		
reviously F&W		و و داد اداد و ما	no formed to be a second	ALL CCC	\
•	loped sudden onset headad for monitoring, due for coili				,
	ated and ventilated by the				
21 12/10/	Drugs Home	100 100111. 110	lorosorgery mave ac	Drugs Hospital	Ci ficaa.
lil reg			Anaesthetic induc		noico
wireg			Sedation with prop		IOICE
			Vasopressor (meta		n
		Brief to part		,	
/ a a a . a . a . a . b . b					
ou are askea t	o support ICU by transferring	g a patient toi	a CT head		
landover by IC	U doctor. Patient history as c	above. Please	e could you transfer	•	
landover by IC		above. Please e ready. An C	e could you transfer DDP/ICU nurse is rec	•	
landover by IC	U doctor. Patient history as c s been booked and they are	above. Please e ready. An ( Scenario D	e could you transfer DDP/ICU nurse is rec irection	ady to transfer w	
landover by IC back, the CT ha	U doctor. Patient history as o s been booked and they are Stage 1, 0–5 m	above. Please e ready. An ( Scenario D	e could you transfer DDP/ICU nurse is rec	ady to transfer w	
landover by IC back, the CT ha	U doctor. Patient history as one speed booked and they are stage 1, 0–5 m and ventilated	above. Please e ready. An C Scenario D ninutes (Asses	e could you transfer DDP/ICU nurse is rec irection ssment and preparc	ady to transfer w	
landover by IC back, the CT ha Intubated As per ven	U doctor. Patient history as of seen booked and they are Stage 1, 0-5 m and ventilated tilator settings (RR 18) ETCO2	above. Please e ready. An C Scenario D ninutes (Asses 2 4.6 sats 98%	e could you transfer DDP/ICU nurse is rec irection ssment and preparc	ady to transfer w	
landover by IC back, the CT ha Intubated As per ven	U doctor. Patient history as one speed booked and they are stage 1, 0–5 m and ventilated	above. Please e ready. An C Scenario D ninutes (Asses 2 4.6 sats 98%	e could you transfer DDP/ICU nurse is rec irection ssment and preparc	ady to transfer w	
Handover by IC back, the CT has a lintubated As per ven	U doctor. Patient history as of seen booked and they are Stage 1, 0-5 m and ventilated tilator settings (RR 18) ETCO2	above. Please e ready. An C Scenario D ninutes (Asses 2 4.6 sats 98% ng/h	e could you transfer DDP/ICU nurse is rec irection ssment and prepard on FiO2 0.5	ady to transfer wation)	vith you
A Intubated A Sperven C HR 98 BP 1 DE Sedated of Ex Effective h	Stage 1, 0–5 m and ventilated tilator settings (RR 18) ETCO2 15/76 On metaraminol inf 2m n propofol 1% 10ml/h (follow andover from ICU team	above. Please e ready. An C Scenario D ninutes (Asses 2 4.6 sats 98% mg/h v local protoc	e could you transfer DDP/ICU nurse is rec irection ssment and prepard on FiO2 0.5	ady to transfer wation)	rerally
A Intubated A Sperven C HR 98 BP 1 DE Sedated of R Preparatio	Stage 1, 0-5 m and ventilated tilator settings (RR 18) ETCO2 15/76 On metaraminol inf 2m in propofol 1% 10ml/h (follow andover from ICU team n of patient, drugs and equi	above. Please e ready. An C Scenario D ninutes (Asses 2 4.6 sats 98% mg/h v local protoc	e could you transfer DDP/ICU nurse is rec irection ssment and prepard on FiO2 0.5	ady to transfer wation)	rerally
A Intubated A Sper ven C HR 98 BP 1 DE Sedated of Rx Effective h Preparatio Ensure NO	Stage 1, 0–5 m and ventilated tilator settings (RR 18) ETCO2 15/76 On metaraminol inf 2m in propofol 1% 10ml/h (follow andover from ICU team n of patient, drugs and equit	above. Please e ready. An Control Description Descript	e could you transfer DDP/ICU nurse is recirection ssment and prepare on FiO2 0.5  cols) Pupils equal aransfer, ensure neuro	ady to transfer wation)	rerally
Idandover by IC back, the CT has back, the CT has been determined.  A Intubated As per ven BE Sedated of Sedated of Preparation Ensure NO	Stage 1, 0– 5 m and ventilated tilator settings (RR 18) ETCO2 15/76 On metaraminol inf 2m propofol 1% 10ml/h (follow andover from ICU team n of patient, drugs and equitation/transfer checklists as part of the station	above. Please e ready. An Control Description Descript	e could you transfer DDP/ICU nurse is reciprocine in contraction on FiO2 0.5  cols) Pupils equal are unsfer, ensure neuro ocols	ady to transfer wation)  and reactive bilate protective strate	rerally
Idandover by IC back, the CT hat A Intubated As per ven C HR 98 BP 1 DE Sedated a X Effective h Preparatio Ensure NO Document	Stage 1, 0–5 m and ventilated tillator settings (RR 18) ETCO2 15/76 On metaraminol inf 2m propofol 1% 10ml/h (follow andover from ICU team n of patient, drugs and equitation/transfer checklists as passage 2, 5–10 min	above. Please e ready. An Control Description Descript	e could you transfer DDP/ICU nurse is recirection ssment and prepare on FiO2 0.5  cols) Pupils equal aransfer, ensure neuro	ady to transfer wation)  and reactive bilate protective strate	rerally
Intubated As per ven HR 98 BP 1 Sedated of X Effective h Preparatio Ensure NO Document	Stage 1, 0– 5 m and ventilated tillator settings (RR 18) ETCO2 15/76 On metaraminol inf 2m propofol 1% 10ml/h (follow andover from ICU team n of patient, drugs and equit kinformed tation/transfer checklists as particularly	above. Please e ready. An Control Description Descript	e could you transfer DDP/ICU nurse is reciprocine in contraction on FiO2 0.5  cols) Pupils equal are unsfer, ensure neuro ocols	ady to transfer wation)  and reactive bilate protective strate	rerally
Intubated As per ven HR 98 BP 1 Sedated of X Effective h Preparation Ensure NO Document Unchange	Stage 1, 0-5 m and ventilated tilator settings (RR 18) ETCO2 15/76 On metaraminol inf 2m propofol 1% 10ml/h (follow andover from ICU team n of patient, drugs and equit informed tation/transfer checklists as part of the color o	above. Please e ready. An Control Description Descript	e could you transfer DDP/ICU nurse is reciprocine in contraction on FiO2 0.5  cols) Pupils equal are unsfer, ensure neuro ocols	ady to transfer wation)  and reactive bilate protective strate	rerally
Idandover by IC back, the CT has been supported by Inchange back, the CT has back and the CT has been back and the CT has been back and the CT has back and the CT h	Stage 1, 0– 5 m and ventilated tillator settings (RR 18) ETCO2 15/76 On metaraminol inf 2m propofol 1% 10ml/h (follow andover from ICU team n of patient, drugs and equit kinformed tation/transfer checklists as particularly	above. Please e ready. An Control Description Descript	e could you transfer DDP/ICU nurse is reciprocine in contraction on FiO2 0.5  cols) Pupils equal are unsfer, ensure neuro ocols	ady to transfer wation)  and reactive bilate protective strate	rerally
Handover by IC back, the CT has been seen as a line of the CT has been seen as back, the CT has back as back, the CT has been seen as back, the CT has back, the CT has back, the CT has been seen as back, the CT has back, the CT has back, the CT has been seen as back, the CT has back, the CT has back, the CT has been seen as back, the CT has back, the CT has back, the CT has been seen as back, the CT has back, the CT has back, the CT has been seen as back, the CT has back, the CT has back, the CT has been seen as back, the CT has back, the CT has back, the CT has been seen as back, the CT has back, the CT has back, the CT has been seen as back, the CT has back, the CT has back, the CT has been seen as back, the CT has back, the CT has back, the CT has been seen as back, the CT has back, the CT has back, the CT has been seen as back, the CT has back, the CT has back, the CT has been seen as back, the CT has back, the CT has back, the CT has been seen as back, the CT has back, the CT has back, the CT has been seen as back, the CT has back, the CT has back, the CT has been seen as back, the CT has back, the CT has back, the CT has been seen as back, the CT has back, the CT has back, the CT has been seen as back, the CT has back, the CT has back, the CT has been seen as back, the CT has back, the CT has been seen as back, the CT has	Stage 1, 0-5 m and ventilated tilator settings (RR 18) ETCO2 15/76 On metaraminol inf 2m propofol 1% 10ml/h (follow andover from ICU team n of patient, drugs and equit informed tation/transfer checklists as part of the color o	above. Please e ready. An Control Description Descript	e could you transfer DDP/ICU nurse is reciprocine in contraction on FiO2 0.5  cols) Pupils equal are unsfer, ensure neuro ocols	ady to transfer wation)  and reactive bilate protective strate	rerally
Handover by IC back, the CT has back, the CT has back, the CT has been determined. A lintubated as As per ven Breparation Ensure NO Document and Unchange Bropofol 19	Stage 1, 0– 5 m and ventilated tilator settings (RR 18) ETCO2 15/76 On metaraminol inf 2m n propofol 1% 10ml/h (follow andover from ICU team n of patient, drugs and equit K informed tation/transfer checklists as p Stage 2, 5–10 min ad ad 155/98 on metaraminol 2mg	above. Please e ready. An Control Description of the control of th	e could you transfer DDP/ICU nurse is reciprocine irection symmetry and prepare on FiO2 0.5  cols) Pupils equal are unsfer, ensure neuro ocols ardia – insufficient symmetry	ady to transfer wation)  and reactive bilate protective strate	rerally
Idandover by IC Dack, the CT has  A Intubated A As per ven C HR 98 BP 1 DE Sedated of Ensure NO Document A Unchange C HR 110 BP DE Propofol 19 Ex Systematic	Stage 1, 0-5 m and ventilated tilator settings (RR 18) ETCO2 15/76 On metaraminol inf 2m n propofol 1% 10ml/h (follow andover from ICU team n of patient, drugs and equi K informed tation/transfer checklists as p Stage 2, 5-10 min ad tod 155/98 on metaraminol 2mg % 10ml/h. Pupils equal and re	above. Please e ready. An Control of Scenario Dominutes (Assessor 2 4.6 sats 98% ang/h volocal protocol of the sective of tachycardic of tach	e could you transfer DDP/ICU nurse is reciprocal irection assment and prepare on FiO2 0.5  cols) Pupils equal are ansfer, ensure neuro ocols  ardia – insufficient s	ady to transfer wation)  add reactive bilate protective strate edation)	rerally
A Intubated A Intubated A As per ven C HR 98 BP 1 DE Sedated of Ensure NO Document A Unchange Unchange C HR 110 BP DE Propofol 19 Ex Systematic Differentia	Stage 1, 0-5 m and ventilated tilator settings (RR 18) ETCO2 15/76 On metaraminol inf 2m propofol 1% 10ml/h (follow andover from ICU team n of patient, drugs and equilibrium transfer checklists as particularly stage 2, 5-10 minuted at 155/98 on metaraminol 2mg 2 may 10ml/h. Pupils equal and recapproach to assessment of	above. Please e ready. An Control of Scenario Dominutes (Assessor 2 4.6 sats 98% ang/h volocal protocol of the sective of tachycardic of tach	e could you transfer DDP/ICU nurse is reciprocal irection assment and prepare on FiO2 0.5  cols) Pupils equal are ansfer, ensure neuro ocols  ardia – insufficient s	ady to transfer wation)  add reactive bilate protective strate edation)	rerally
A Intubated A Sper ven C HR 98 BP 1 DE Sedated of Ensure NO Document A Unchange Unchange C HR 110 BP DE Propofol 19 Ex Systematic Differentia	Stage 1, 0–5 m and ventilated tilator settings (RR 18) ETCO2 15/76 On metaraminol inf 2m n propofol 1% 10ml/h (follow andover from ICU team n of patient, drugs and equit k informed tation/transfer checklists as p Stage 2, 5–10 min ad 155/98 on metaraminol 2mg 7 10ml/h. Pupils equal and recapproach to assessment of ls and treatment to exclude	above. Please e ready. An Control of Scenario Dominutes (Assessor 2 4.6 sats 98% ang/h volocal protocol of the sective of tachycardic of tach	e could you transfer DDP/ICU nurse is reciprocal irection assment and prepare on FiO2 0.5  cols) Pupils equal are ansfer, ensure neuro ocols  ardia – insufficient s	ady to transfer wation)  add reactive bilate protective strate edation)	rerally
Idandover by IC back, the CT has a Intubated As per ven C HR 98 BP 1 DE Sedated of Effective h Preparation Ensure NO Document Unchange Unchange Unchange C HR 110 BP DE Propofol 19 IX Systematic Differentia After stabil	Stage 1, 0–5 m and ventilated tilator settings (RR 18) ETCO2 15/76 On metaraminol inf 2m n propofol 1% 10ml/h (follow andover from ICU team n of patient, drugs and equit k informed tation/transfer checklists as p Stage 2, 5–10 min ad 155/98 on metaraminol 2mg 7 10ml/h. Pupils equal and recapproach to assessment of ls and treatment to exclude	above. Please e ready. An Continutes (Assessed Assessed A	e could you transfer DDP/ICU nurse is reciprocine irection symmetry and prepare on FiO2 0.5  cols) Pupils equal areas ansfer, ensure neuro ocols ardia – insufficient symmetry areas	ady to transfer wation)  add reactive bilate protective strate edation)	rerally egies used

## Guidelines

Association of Anaesthetists Guideline for Safe transfer of the brain-injured patient: trauma and stroke, 2019 <a href="https://anaesthetists.org/Home/Resources-publications/Guidelines/Safe-transfer-of-the-brain-injured-patient-trauma-and-stroke-2019">https://anaesthetists.org/Home/Resources-publications/Guidelines/Safe-transfer-of-the-brain-injured-patient-trauma-and-stroke-2019</a>

	Guidance for	Patient Role	
Opening lines/questions	/cues/key responses	Relevant HPC / PMH	
Intubated			
Concerns		Actions	
Guidance for ODP/ICU 1	nurse role	Guidance for ICU doctor	
Actions		Handover as above	
	dent on level of participant	Support with equipment/drugs that participant isn'	
	perienced ODP/ICU nurse and	familiar with	
vice versa		Have conversations with MDT/family if appropriate	
Support with provision o			
	critical equipment missing		
	/cues/responses/Concerns		
	been to CT but first solo		
transfer, ask for guidanc			
If tachycardia not notic	•		
Guidance for Role e.g. ITU/Anaesthetic Senior		Other challenges that could be present	
Expectations/actions		Empty/half full oxygen tank	
	endent on level of participant,	Suction without the tubing	
support in person/by ph	one as appropriate		
Session Objectives			
Clinical	Intra-hospital transfer of brain	injured patient	
Non-technical skills			
Teamworking	Effective handover, coordinating activities necessary for preparation of patient fo		
	transfer, assessing capabilities	of the team (ODP/ICU nurse) and supporting as	
	appropriate		
	Planning and preparing for time critical transfer, using guidelines, identifying and		
Task management			
Task management		ne critical transfer, using guidelines, identifying and ources available (including ensuring lines of	
	utilising support and other rescommunication available in a	ources available (including ensuring lines of case of emergency)	
Task management Situational awareness	utilising support and other rescommunication available in a	ources available (including ensuring lines of	

(also considering local context), continuous re-evaluation

Identifying and prioritising options for equipment, drugs and patient preparation