

Acute Transfer Checklist

For use by sending health facility team

Referral indicates a request from one health worker to another to assume responsibility for the management of one or more of a patient's specific health needs. **Acute referral** is the immediate direction of an individual to the appropriate facility or advanced provider in a health system or network of service providers to address urgent health needs and often requires emergency transfer. **Transfer** involves the movement of patients between different healthcare locations or stages of care.

This acute transfer checklist is intended for use by the sending facility team to ensure that correct actions are completed before the patient leaves the facility. This checklist is designed to be used with the *WHO Acute Referral Form*.

STEP 1: DECISION TO TRANSFER		
1. Would the patient benefit from acute care that is not available in this facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Is the benefit of transfer greater than the risk of transfer? Consider security, environmental factors, patient clinical deterioration, time to reach receiving facility etc. <i>All patients should receive appropriate resuscitation according to their clinical status BEFORE transfer.*</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Has the patient's condition, course and presumptive/initial diagnosis been discussed with the receiving facility and accepted for transfer? Has that facility agreed to receive the patient?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Is a provider available to accompany the patient during transport [†] ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Can the required level of patient care required be maintained during transport between facilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Has the patient or their family/caretaker been counselled about options and consented to transfer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

STEP 2: PATIENT PREPARATION PRIOR TO TRANSFER		
7. Has the patient's family/caretaker been given the receiving facility contact information, including admission ward?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Has the specific clinical quality and safety checklist been completed and reviewed (attach copy)? <i>For emergency resuscitation: Use WHO Medical Emergency Checklist or Trauma Care Checklist</i> <i>For surgery: Use WHO Surgical Safety Checklist</i> <i>For maternal/newborn care: Use WHO maternal/newborn clinical checklist for transfer</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Has an appropriate means of transportation been arranged?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Has the transport team been arranged to meet the patient's condition and needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
11. Have necessary documentation (transfer order/referral register) AND the Acute Referral Form been completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
12. Will all necessary accompanying documents be sent with the patient? Consider diagnostics, medications, clinical forms	<input type="checkbox"/> Yes <input type="checkbox"/> No	
13. Was formal handover of the patient using Situation-Background-Assessment-Recommendation (SBAR) [‡] information and all accompanying documentation given to the transport team?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

STEP 3: FOLLOW-UP AFTER TRANSFER		
14. Has the receiving facility confirmed patient arrival?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
15. If confirmed, what was the time and patient's status on arrival?	Time	<input type="checkbox"/> Stable <input type="checkbox"/> Unstable <input type="checkbox"/> Dead

If "no" to any question, contact senior clinician or ambulance communication centre for support in decision making.

* Patients who are being transferred for critical illness are inherently at risk for clinical deterioration. At a minimum, all ABCDE conditions should be addressed and emergency interventions performed. Pain should be well controlled. See WHO-ICRC Basic Emergency Care for further guidance:
<https://www.who.int/publications/i/item/9789241513081>

[†] Interfacility transfer requires a driver AND a provider. If a provider is not available, seriously consider the risk/benefit of transport to the patient.

[‡] SBAR Job aid: <https://www.who.int/publications/i/item/9789241513081>