

## Clinical Standard Operating Procedure (SOP) **REFERRING TO RETRIEVE**

<b>SETTING</b>	Service-wide
<b>FOR STAFF</b>	All referring clinicians, all Retrieve staff
<b>PATIENTS</b>	Adult ( $\geq 16$ years of age) patients with critical illness or injury requiring transfer

### Summary

Retrieve is the South West's dedicated Adult Critical Care Transfer Service. We provide:

- 24 hour, 7 day a week consultant triage, coordination and decision support for all adult critical care transfer referrals.
- 12 hour (0900-2100), 7 day a week high quality consultant-led transfer care for critically ill and injured patients requiring transfer from any hospital in the South West.
- A unique relationship with South Western Ambulance Service NHS Foundation Trust that ensures an appropriate-priority ambulance is dispatched to support your local clinical team should the patient require transfer outside Retrieve operating hours or when we are already committed with another transfer.

### When should I contact Retrieve?

Please contact Retrieve for any **critically ill or injured adult ( $\geq 16$  years)** patient who requires transfer between hospitals. This includes patients:

- Who are intubated and ventilated
- Requiring blood pressure management
- Require invasive monitoring
- Require other interventions en-route
- Who are at significant risk of deterioration
- From any hospital location including the Emergency Department, Critical Care Unit, Theatres, Cath Lab, Interventional Radiology suite and ward locations, amongst others.

As a rule of thumb, if you would send a 'medical escort' with a patient, then they are likely to be in the scope of Retrieve. If you are in doubt, please call and discuss the case with us. **We encourage early referrals, particularly for time critical patients.**

### How do I contact Retrieve?

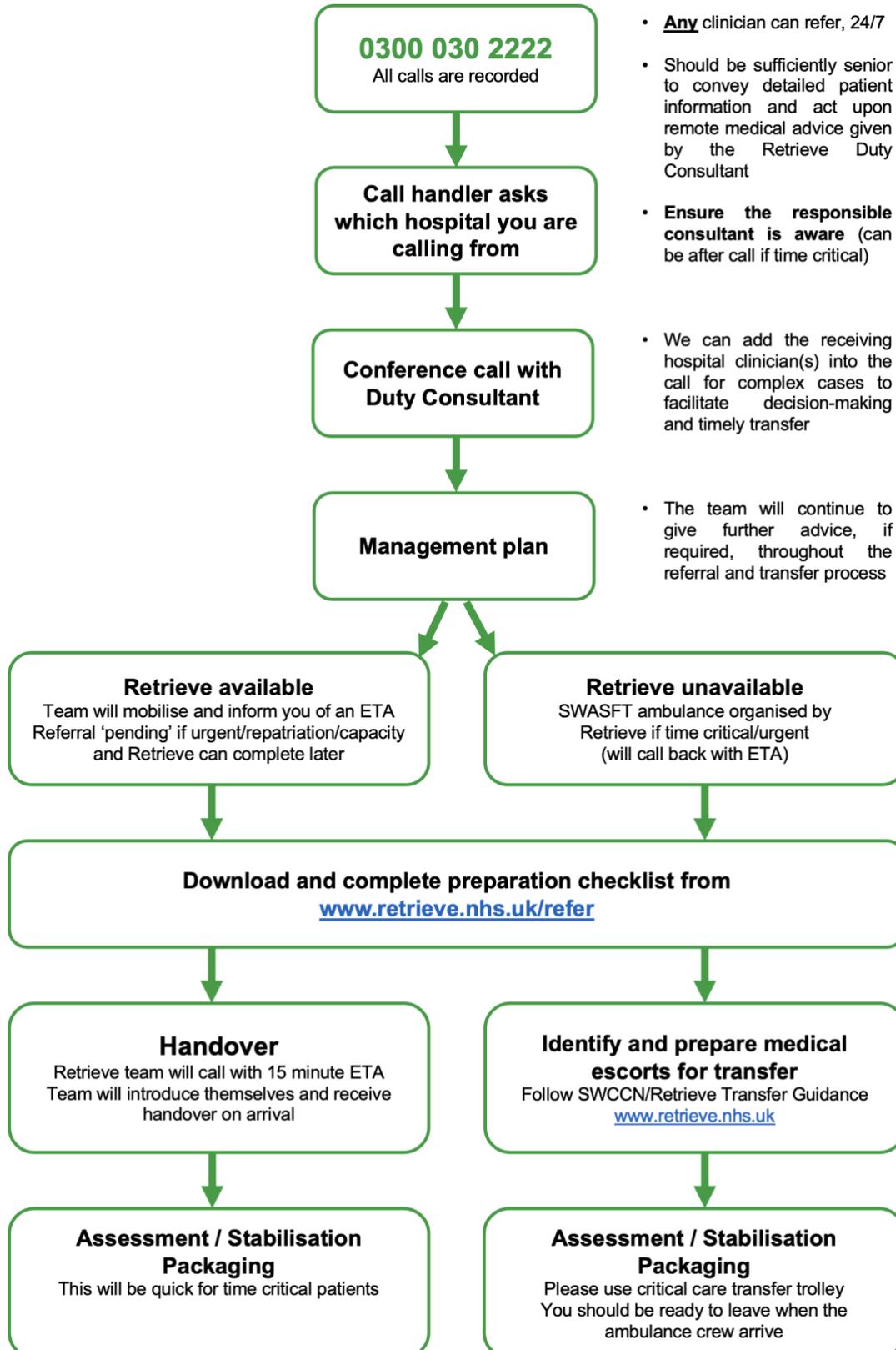
Retrieve's single point of contact telephone number is 0300 030 2222. This is available 24/7/365 and is answered by a call handler who will ask where you are calling from and your name before putting you through to a conference call with our Duty Consultant.

We encourage hospitals to publicise this document, the posters that are freely available from the Retrieve website and distributed by the team, and our web address [www.retrieve.nhs.uk](http://www.retrieve.nhs.uk) where colleagues can find information about the referral process, our preparation checklist and useful clinical guidelines and standard operating procedures.

## What information do I need?

To assist you, **Appendix 1** contains a list of the information required during the call. This list is also available on our [website](#) if you wish to print it out or display it.

## What is the referral process?



## Acceptance and mobilisation

Once a referral is accepted for transfer, we aim to mobilise a transfer team within 5 minutes for a time critical patient and 15 minutes for non-time critical patients.

The time to the patient's bedside will be dependent on the distance to the referring hospital and other factors. The Retrieve Duty Consultant will give you an estimated time of arrival when the team have mobilised and will contact you again when they are 15 minutes away.

The distinction between time-critical and urgent transfers follows the nationally-agreed [NHS England Ambulance Services Inter-Facility Transfer \(IFT\) Framework](#). When referring to Retrieve, it is important to know the intentions of the receiving hospital as their treatment plan may directly dictate the triage decision for the transfer:

- Time-critical: a patient for who is to undergo a life-, limb- or sight-saving intervention within 60 minutes of arrival
  - e.g. decompressive neurosurgery for EDH or acute hydrocephalus, stroke thrombectomy, repair of ruptured or dissected aorta, primary PCI.
- Urgent: a patient requiring emergency escalation of their care but not for immediate intervention
  - e.g. neurosurgical patient requiring ICP monitoring, major trauma patient not requiring immediate surgery, non-emergency IR intervention, assessment for acute organ transplantation.

## Preparing for Retrieve's arrival

- Ongoing resuscitation and stabilisation of the patient, if required, must continue to occur whilst you are waiting for the Retrieve team to arrive.
- Most patients requiring a Retrieve transfer will also benefit from support from your local intensive care and/or anaesthesia teams, if not already involved.
- Appendix 2 contains a checklist designed to help you prepare your patient ahead of the Retrieve team's arrival. In our experience, its use helps significantly reduce the stabilisation and packaging time once they are at the patient bedside. You can access this checklist by visiting [www.retrieve.nhs.uk/refer](http://www.retrieve.nhs.uk/refer).

## Blood products

Occasionally, patients have an ongoing blood transfusion requirement or are likely to require transfusion en-route. This will be discussed during the referral and the Duty Consultant may ask you to order blood to be available for transfer.

Retrieve have a regionally-agreed SOP for this to ensure traceability, blood products are not wasted and transfer bags are repatriated to your transfusion laboratory.

## What happens when the Retrieve team arrive?

When the Retrieve team arrive at your hospital, they will make their way to the patient's location with their critical care transfer trolley and associated equipment. They will introduce themselves and identify the clinician(s) in charge of the patient.

They will positively confirm the patient identification and receive handover, following which they will take clinical responsibility for the patient. This may include a review of notes, relevant results, a

clinical assessment of the patient, and more detailed discussion with clinicians present, the receiving hospital, the patient and any next of kin.

When patients are time critical and urgent, the Retrieve team will work rapidly to expedite the safe transfer of the patient in order that they receive the care they need in the receiving hospital as soon as possible. The Retrieve team will work collaboratively with you and your team to make this process as time efficient as practicable.



## What happens if Retrieve are unavailable or too far away?

Retrieve's consultant-led clinical teams operate from 09:00 to 21:00 and cover the South West from bases in Launceston and Bristol. When the team are already committed on another transfer, calls **continue to be triaged and coordinated by Retrieve** and we will work with South Western Ambulance Service NHS Trust (SWASFT) to provide an appropriately urgent ambulance.

**We can access a more timely response than the one you would receive if you call 999 or the SWASFT Healthcare Professionals Line yourself.**

For a patient requiring a transfer which a Retrieve team cannot reach for any of the above reasons, an appropriately trained and experienced medical team from your hospital will need to accompany the patient, Retrieve having coordinated the transport logistics on your behalf. More details about this, the transfer process, documentation required and additional useful information can be found in the South West Critical Care Network / Retrieve regional 'Adult Critical Care Transfer Guideline', available on the Retrieve website.

When we cannot reach the patient immediately, but the patient requires an urgent, repatriation, or capacity transfer, the Retrieve Duty Consultant will help determine team composition, referral priority and speed of mobilisation. If possible, and clinically appropriate, they will hold a referral as 'Pending' until the next available opportunity arises for a Retrieve team to complete it. This reduces the resource burden on your hospital and SWASFT.

## What happens overnight?

Retrieve **triage and coordinate calls 24/7**. Overnight, referrals that require a time critical or urgent transfer will receive an appropriately urgent SWASFT ambulance, as described above.

## Next of kin

Please inform your patient's next of kin that they are being transferred. We find it helpful if they know the receiving hospital and location. It is usually preferable to give the next of kin an estimated time of arrival at the destination just as we leave with the patient, rather than any earlier in the transfer process. This minimises the anxiety which can result from unexpected delays. Typically, we are able to contact the next of kin on arrival to inform them their loved one has arrived safely and also to put them in contact with the receiving hospital team. Please signpost our patient information webpage ([www.retrieve.nhs.uk/patients](http://www.retrieve.nhs.uk/patients)) or print out and give them our **Patient Information Leaflet**.

We do not usually allow next of kin to travel in our ambulance. In exceptional circumstances, we may consider how we support this if there is a clear need and benefit to the patient. The decision to transfer next of kin lies solely with the Retrieve team.

## Infusions

Retrieve advocate the use of the [Intensive Care Society's Standard Medication Concentrations](#). All infusions prepared by Retrieve follow these national standards. When medication is prepared prior to arrival of the Retrieve clinical team, we will accept correctly labelled syringes and will commonly ask for spares (where appropriate) for the journey.

## Additional equipment (e.g. intra-aortic balloon pumps)

Occasionally, patients require specialised equipment that the Retrieve team do not carry (e.g. intra-aortic balloon pumps, intracranial pressure monitors, etc.). **In such situations when there is a requirement for this device to continue to be used**, it may be necessary to transfer the patient with this piece of equipment.

The Retrieve team will clean the device, ensure its safety and usually return it to their base (Launceston or Bristol) where collection can be arranged the next working day. Responsibility for arranging collection and any costs incurred are borne by the referring hospital.

Occasionally, the Retrieve team may either return items directly or ask a locally-employed Retrieve team member to repatriate them.

## Long distance transfers

Retrieve frequently undertake transfers to hospitals outside the South West. Time-critical and urgent transfers (e.g. for specialist liver and cardiac care) can occur across the 24 hour period and the team will do their best to support these including, where appropriate, the use of air transportation.

Some patients require repatriation from the South West to distant locations. These transfers are rarely time-important and we welcome early contact from referring hospitals so that we can discuss these cases in detail. This may mean we arrange a short case conference so we can better understand the patient's requirements and discuss how to meet these. **Appendix 3 is designed to facilitate discussions and preparation for these particular transfers.**

Occasionally, the distance is too far to reasonably travel by road and we may refer you to one of a number of private fixed-wing air ambulance companies.

Repatriation of patients from out-of-region specialist centres back to the South West is the responsibility of the commissioned Adult Critical Care Transfer Service in that region. In exceptional circumstances, these teams may request mutual aid from Retrieve if they are unable to complete the transfer; these requests will be subject to South West demand and prioritised appropriately.



## Appendix 1 – Information required during the referral to Retrieve

<p><b>You</b></p>	<p>Referring clinician's name</p> <p>Location (the hospital you are calling from and the exact location of the patient within it – please be prepared for Retrieve to ask for directions if the location is unusual)</p> <p>Contact number (ideally telephone nearest patient or mobile phone number of referring clinician)</p> <p>Your grade and specialty</p>
<p><b>Type of transfer</b></p>	<p>Escalation to specialist care (please tell us if you believe the referral to be time critical)</p> <p>Repatriation</p> <p>Capacity</p>
<p><b>Patient demographics</b></p>	<p>Name</p> <p>Gender</p> <p>Date of birth</p> <p>NHS number</p> <p>Weight (approximate if not known – this is to ensure we use the correct trolley)</p>
<p><b>Receiving hospital</b></p>	<p>Receiving hospital and destination within it (e.g. ED, theatres, ICU, etc)</p> <p>Accepting specialty</p> <p>Accepting consultant name</p> <p>Contact number for receiving destination</p>
<p><b>Patient history and current status</b></p>	<p>Succinct history</p> <p>Key observations including HR, BP, RR, SpO<sub>2</sub>, temperature, GCS</p> <p>Relevant interventions</p> <p>Oxygen requirements and ventilator settings (if applicable)</p> <p>Drugs and infusions administered</p>
<p><b>For transfers Retrieve cannot meet</b></p>	<p>Number of medical escorts (ensure they are of appropriate grade, experience and specialty)</p> <p>Are you using your critical care transfer trolley?</p> <p>When will the patient be ready to move?</p>

## Appendix 2 – Checklist: preparing for a Retrieve transfer

Consider printing this to aid preparation

		Tick
<b>Airway &amp; Breathing</b>	Endotracheal tube or tracheostomy adequately secured for transfer (do not cut tube)?	
	Lung protective ventilation?	
	CXR required?	
	Tracheostomy spares: inner cannula, cleaning brushes, humidification device, speaking valve, spare tracheostomy tube	
<b>Circulation</b>	IV access x 2	
	Arterial line (intubated patients, vasopressor requirement) and <u>if time allows</u>	
<b>Neuro &amp; Sedation</b>	Regular pupil assessment	
	Sedation and analgesia adequate?	
<b>GI</b>	Is NG required?	
	Administer prophylactic antiemetic in awake patients: ondansetron 4mg IV	
<b>Renal</b>	Urinary catheter (all intubated patients)	
<b>Micro</b>	Infection control issues?	
	Undertake rapid COVID test if result not already known	
	Antibiotics administered?	
<b>Blood</b>	Blood products requested in transport box if required for transfer? If uncertain, discuss with Retrieve	
<b>Drugs</b>	Patient allergy status confirmed?	
	Administer medication that is due	
	Does the patient have any medications that need transferring with them?	
	Prepare adequate infusions for journey and any additionally requested by Retrieve. At a minimum for a ventilated patient, please prepare: <ul style="list-style-type: none"> <li>• 2 x 50ml propofol (1% or 2%)</li> <li>• 1 x 20ml fentanyl (1000mcg in 20ml)</li> <li>• 1 x 10ml rocuronium (100mg) [or 1 x atracurium (100mg)]</li> <li>• 1 x 50ml metaraminol 50mg in 50ml 0.9% NaCl (1mg/ml)</li> <li>• [or if CVC available 1 x 50ml noradrenaline 8mg in 50ml 5% Dextrose]</li> </ul>	
<b>Temperature</b>	Keep patient warm	
<b>Identification</b>	2 patient identification bands	
<b>Documentation</b>	Discharge summary (or transfer letter)	
	Copy of relevant patient notes	
	Copy of drug chart	
	Copy of blood and microbiology results	
	Imaging electronically transferred to receiving hospital? If uncertain, speak to your local PACS team	
<b>Next of kin</b>	Aware of transfer and destination? Signpost <a href="http://www.retrieve.nhs.uk/patients">www.retrieve.nhs.uk/patients</a> or give printed Information Leaflet	

## Appendix 3 – Long distance transfers

<b>Referral considerations</b>	Indication for transfer
	Timescale (please contact Retrieve <b>early</b> 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)?
<b>Patient preparation on day of transfer</b>	<b>Use Retrieve Checklist in Appendix 2 and the additional elements below</b>
<b>GI</b>	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
<b>Renal</b>	Empty catheter bag prior to departure
<b>Drugs</b>	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)
<b>Pressure area, skin and wound management</b>	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
<b>Care needs</b>	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)?

## Document Governance

<b>REFERENCES</b>	N/A
<b>RELATED DOCUMENTS AND PAGES</b>	Referral handling and deployment SOP
<b>AUTHORISING BODY</b>	Division of Surgery, University Hospitals Bristol and Weston NHS Foundation Trust
<b>SAFETY</b>	Adequate patient information is required Ongoing resuscitation and stabilisation of the patient must continue whilst awaiting transfer
<b>QUERIES AND CONTACT</b>	Retrieve Leadership Team via <a href="http://www.retrieve.nhs.uk">www.retrieve.nhs.uk</a>