**Southmead ICU Burns Patient Inter-Hospital Transfer Guidance**

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| **Airway** | Patients at risk of airway compromise should have an endotracheal tube inserted  If there is any doubt as to the risk of airway compromise then the patient must be reviewed by a senior anaesthetist prior to transfer  Patients should be intubated with an uncut oral endotracheal tube and secured with ties. Ideally the endotracheal tube should be a size 8.0 or above with subglottic suction if available. |
| **Breathing** | Once intubated, a patient should be ventilated on a target of 6ml/IBW Kg tidal volumes  If carboxyhaemoglobin levels are raised (>5%) or cannot be measured, the patient should remain on 100% O2 during transfer |
| **Circulation** | Patients should have appropriate IV access for transfer.  If an arterial or central line is inserted, it should be under strict sterile precautions  Patients should have their fluid resuscitation commenced as per Parklands formula (3ml/kg/BSA) – Please use crib sheet to calculate and document |
| **Disability** | Temperature should be monitored throughout the transfer, ideally core temperature  Efforts to preserve core temperature should be instituted, including asking the ambulance crews to increase the vehicle temperature as able |
| **Other** | If able prior to transfer consider inserting or performing the following:  Arterial line  Central venous access  Urinary Catheter  Nasogastric tube  Chest XR |

