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

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| **Airway** | Patients at risk of airway compromise should have an endotracheal tube insertedIf 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 volumesIf 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 precautionsPatients 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 temperatureEfforts 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 |

