

TRANSFER INFORMATION

Sometimes important details can get forgotten. I use the ABC approach to handover to retrieval team, as follows: *“Thank God you’re here! OK, this is John Doe age 21 involved in a motor vehicle accident with prolonged extrication and transferred via ambulance to us. He needs transfer to a trauma centre for a laparotomy for internal bleeding. In terms of summary, here’s his ABC...”*

A - Airway	Intubated on arrival for GCS M3V1E1 - grade I view. Airway now patent, protected with size 8.5 ETT tube 22cm teeth and tied. Cervical collar in situ.
B - Breathing	Paralysed with vecuronium and on volume control TV 600 RR 12 R sided HTX and a 34Fr intercostal catheter in place, drained 400ml blood. SpO2 96%
C - Circulation	Haemodynamically stable after 750ml crystalloid titrated to radial pulse in 250ml aliquots. HR 90 BP 100/70 Bleeding likely from HTX, abdomen and pelvis (binder on)
D - Disability/Drugs	M3V1E1 PEARLA initially, now M1V1E1 on propofol/vecuronium infusion.
E - Exposure	R HTX drained as above. Abdomen tense and tender in LUQ, suspect splenic injury. No other injuries on log roll, pelvic binder applied. Warm blankets and Bair hugger
F - Fluids	3 x 250ml crystalloid aliquots titrated to radial pulse (SBP 70) IDC in situ and drained 300ml clear urine
G - Gut	Last ate 7pm. NG passed and on free drainage.
H - Haematology	Hb 114 on iStat, INR 1.1 No ACoTS.
I - Infusions	Not needed vasopressors On propofol and vecuronium infusions for transport
J - JVP	Not elevated - no signs tPTX/tamponade.
K - Kelvin	Temp is 36 degrees with active warming
L - Lines	14G IV R wrist 8Fr rapid infuser L ACF
M - Micro	Has been given ADT
N - Notes/NOK	His notes are in this envelope, including copies of plain X-rays Next Of Kin (NOK) are aware and here are their contact details.

The above would take 90 seconds and is an ordered summary of the patient for handover.