Clyde Orthopaedic Transfer Form

PATIENT DETAILS		
Name:		Gender:
Address:	Patient Sticker	
СНІ:		
		Age: YRS
Next of Kin details:		Next of kin aware of transfer:
		🗆 Yes 🛛 No
DNA CPR:	🗆 Yes 🗆 No 🗆 Community fo	orm in place
CLINICAL DETAILS		
Diagnosis:		
Closed 🗆	Open 🗆	
If Neurovascular deficit		
Please detail:		
Summary of management prior to transfer:		
Analgesia:		
Immobilisation: 🗆 Not indicated 🗆 Splint 🗆 Back Slab		
N.B. If there is a history of malignancy please ensure hip fractures have full length femur XR before transfer		
Imaging pre-transfer	Details;	
Accepted by	trauma liaison	
	□ orthopaedic FY2 □ orthopaedic regist	rar
Destination		
NEWS		
Pre-departure		
	Name Signature	Time

Neck of Femur BIG 6 TO BE COMPLETED PRIOR TO TRANSFER		
(To be completed by medical & nursing staff)		
FIB GIVEN		
4AT COMPLETE		
NEWS 🗆		
PUDRA COMPLETED		
IV ACCESS IV FLUIDS BLOOD OBTAINED INC FBC U&E LFT BONE PROFILE COAG G&S		
ECG OBTAINED		
LATERAL HIP / PELVIS & CXR OBTAINED		
HISTORY OF MALIGNANCY? LONG FEMUR VIEWS OBTAINED N/A		
ANALGESIA PRESCRIBED ON KARDEX		

Arrival Checklist		
4AT score (patients over 65ys or clinical concern)	4 or above (possible delirium/cognitive impairment)	
	□ 1-3 (possible cognitive impairment)	
	0 (delirium/severe cognitive impairment unlikely	
	Not indicated	
NEWS score on arrival	□ <4	
	□ ≥4 or significant change in NEWS score – inform receiving ortho doctor	
Sepsis	□ No signs of sepsis	
	□ Signs of sepsis – inform receiving ortho doctor	
Name of person completing		
arrival check list	NameSignature	