



**OBSTETRICS AND GYNAECOLOGY
CLINICAL PRACTICE GUIDELINE**

Transfer of a critically unwell patient and records to an intensive care unit (ICU) at another hospital

Scope (Staff):	WNHS Obstetrics and Gynaecology Directorate staff
Scope (Area):	WNHS Obstetrics and Gynaecology Directorate staff and clinical areas

This document should be read in conjunction with the [Disclaimer](#).

See [Patient Flow and Bed Management Unit Healthpoint page](#) for details if considering transfer to an ICU at another hospital.

Aim

- To define the processes required to transfer a critically unwell patient from WNHS to another hospital for ongoing intensive clinical care.
- To ensure the safe and timely transfer of the patient.
- To maintain the confidentiality of patient records between hospitals.
- To ensure clear communication is maintained with patient and family members

Key points

1. Inpatients at KEMH may require transfer to other hospitals for ongoing care. The date, time and reasons for transfer must be documented in the patient's medical record.
2. The referring obstetric / gynaecology/ anaesthetic Medical Officer is responsible for contacting the appropriate hospital directly to discuss the case with accepting team (usually surgeon on call).
3. The referring anaesthetist is responsible for contacting the ICU medical team at the receiving hospital to discuss reasons for transfer and to confirm acceptance of the patient. This ensures a bed is available for the patient in the appropriate ward i.e. ICU, CCU and the medical staff at the receiving hospital are aware of the patient's medical condition prior to transfer.

Transfer of a critically unwell patient and records to an intensive care unit (ICU) at another hospital

4. St John's Ambulance shall be used for transfers between hospitals. This ensures the appropriate level of clinical care is available during transfer.
5. St John's Ambulance shall be contacted by either the Hospital Clinical Manager, the medical team or the co-ordinator of the clinical area.
6. The most appropriate staff member(s) should accompany the patient to the receiving hospital after consultation with medical staff and Clinical Hospital Manager.
 - All ventilated patients must be accompanied by an Anaesthetist and an Anaesthetic Technician.
 - When an Anaesthetist accompanies non-ventilated patients during transfer, the Anaesthetist may request an Anaesthetic Technician to attend with the transfer bag and other equipment or medications required for patient care, where clinically appropriate.

7. All documentation is recorded to Bossnet / Digital Medical Record (DMR) either directly or if handwritten, uploaded into the DMR.

Copies of the relevant original documents shall be sent with the patient as per Clinical Handover guidance.

The following documents should accompany the woman to the receiving facility:




- Patient Inter-Hospital - Clinical Handover form (MR252)
 - Letter to the admitting team
 - Laboratory and diagnostic results
 - Copies of all the current notes and charts- see documentation appendix within [Patient Transfer and Transport \(including Inter-Hospital Transfer\) Procedure](#)
 - These documents are placed in a sealed envelope and handled by the accompanying clinical staff.
8. Patient Transfer details should be completed for the St John Ambulance staff.
 9. Hospital Clinical Manager to contact the receiving hospital again at time of departure, or if transfer is cancelled.
 10. A taxi voucher is available for the accompanying staff for the return journey to WNHS.
 11. Hospital Clinical Manager to contact the Executive on Call in the event of a significant unexpected deterioration that results in the patient requiring transferring to an ICU, especially where multi-HSP engagement may be required.
 12. The lead Consultant to identify a staff member to support and provide updates/feedback to the patients Next of Kin/support person.

Related WNHS procedures and guidelines (if required)

[WNHS Policy: Clinical Handover at WNHS](#)
[WNHS Procedure: Patient Transfer and Transport \(including Inter-Hospital Transfer\) Procedure](#)
[WNHS Policy: Recognising and Responding to Acute Clinical Deterioration \(Physiological and Mental Health\)](#)

Useful resources (including related forms) (if required)

[Stork HSS Hub](#) (WA Health internal use only)
 Patient Inter-Hospital - Clinical Handover form (MR252)
 St Johns Ambulance Patient Transfer form

Keywords	ICU, transfer, another hospital, obstetric, gynaecology, ambulance, medical staff, critically, unwell				
Document Owner:	Co-Directors, Obstetrics and Gynaecology Directorate				
Author/ Reviewer	Clinical Nurse Midwife Specialist Clinical Guidelines and Quality				
Date First Issued:	May 2009	Last Reviewed:	October 2024	Review Date:	October 2027
Endorsed by:	Clinical Practice and Outcomes Committee			Date:	08/10/2024
Endorsed by:	Clinical Governance Committee			Date:	23/10/2024
NSQHS Standards Applicable:	 Std 1: Clinical Governance  Std 8: Recognising and Responding to Acute Deterioration		 Std 6: Communicating for Safety		
Printed or personally saved electronic copies of this document are considered uncontrolled					

Version History

Version Number	Date	Summary
1.0	May 2009	First version
2.0	July 2016	Revised
3.0	September 2024	Major review and update of links. Endorsed by Clinical Governance Committee 23 October 2024.
3.1	December 2024	Minor amendments requested by Midwifery & Obstetrics Clinical Practice & Outcomes Committee(MOCPOC) and the Recognising and Responding to Acute Deterioration (RRAD) Committee: <ul style="list-style-type: none"> • Point 6: change reference to “Anaesthetic Assistant” to “Anaesthetic Technician” • Point 7 <ul style="list-style-type: none"> - remove the reference to “photocopy”, replace with “copy” - Delete dot point “<i>Obstetric patients: A copy of STORK paperwork</i>” as not relevant anymore.

Transfer of a critically unwell patient and records to an intensive care unit (ICU) at another hospital

The health impact upon Aboriginal people has been considered, and where relevant incorporated and appropriately addressed in the development of this policy.

This document can be made available in alternative formats on request for a person with a disability.

© Women and Newborn Health Service 2024

Copyright of this material is vested in the State of Western Australia unless otherwise indicated.

Apart from any fair dealing for the purposes of private study, research, criticism or review, as permitted under the provisions of the Copyright Act 1968, no part may be reproduced or re-used for any purposes whatsoever without written permission of the State of Western Australia.