



श्री चित्रातिरुनालआयुर्विज्ञानऔरप्रौद्योगिकीसंस्थान, तिरुवनन्तपुरम, केरल- 695 011

(एकराष्ट्रीयमहत्वकासंस्थान, विज्ञानएवंप्रौद्योगिकीविभाग, भारतसरकार)

SREE CHITRA TIRUNAL INSTITUTE FOR MEDICAL SCIENCES AND TECHNOLOGY

THIRUVANANTHAPURAM, KERALA – 695 011

(An Institution of National Importance, Department of Science and Technology, Govt. of India)

टेलीफॉन नं./Telephone No. 2443152-0471 फाक्स/Fax 2446433-0471 /2550728

ई-मेल/E-mail :sct@sctimst.ac.in वेबसाइट/ Website : [www.sctimst.ac.in](http://www.sctimst.ac.in)

No.OMS/I /SCTIMST/2025/9

Date : 22.05.2025

### CIRCULAR

Sub: Standard Operating Procedure (SOP) for patient transfer –for compliance-reg;

Ref: Approval of Director dtd 28.04.2025.

To establish a standardized protocol for the safe, timely and organized transfer of patients for external consultations/procedures in other hospitals/ discharge of patient to other hospital for continuation of care, the following guidelines may be followed by all concerned.

#### SOP for transfer of patients to other hospitals for external consultation

- Prepare a reference letter with details of the present disease, treatment given and the reason for consultation with contact details of the referring doctor in the consultation form.
- Inform the relatives and ask them to report to the hospital to accompany the patient.
- Obtain written informed consent from patient/patient relative in the given format.
- Proper and meticulous preparation and stabilisation of patient.
- Patient should be changed to own dress for transfer to other hospital.
- Arrange institute vehicle for transportation.
- According to the level of criticality of the patient condition arrange vehicle and staff.
- **Level 0:** The patients who can be managed at the level of ward and are usually **not required** to be accompanied by any specialised personnel.
- **Level 1:** Patients who are at risk of deterioration in their condition during the transfer but can be managed in an acute ward setting with support from critical care team, have to be accompanied by Nursing Officer and supporting staff in the unit.
- **Level 2:** Patients who require observation or intervention for failure of single organ system and must be accompanied by Nursing Officer and doctor.
- **Level 3:** Patients with requirement of advanced respiratory care during the transport with support of at least two failing organ systems have to be accompanied by a competent doctor along with a nurse and supporting staff in the unit.
- The contact details of the driver may be given to the relatives for return journey after consultation.
- On return to the unit, see the consultation orders and carryout the same.

## **II SOP for transfer of patients to other hospitals for procedures**

- Prepare a reference letter with details of the present disease, treatment given and the reason for consultation with contact details of the referring doctor in the consultation form.
- Inform the relatives and ask them to report to the hospital to accompany the patient.
- Obtain written informed consent from patient/patient relative in the given format.
- Proper and meticulous preparation and stabilisation of patient.
- Patient should be changed to own dress for transfer to other hospital.
- Arrange institute vehicle for transportation.
- According to the level of criticality of the patient condition arrange vehicle and staff.
- **Level 0:** The patients who can be managed at the level of ward and are usually not required to be accompanied by any specialised personnel.
- **Level 1:** Patients who are at risk of deterioration in their condition during the transfer but can be managed in an acute ward setting with support from critical care team, have to be accompanied by Nursing Officer and supporting staff in the unit.
- **Level 2:** Patients who require observation or intervention for failure of single organ system and must be accompanied by Nursing Officer, doctor and supporting staff.
- **Level 3:** Patients with requirement of advanced respiratory care during the transport with support of at least two failing organ systems. Those patients have to be accompanied by a competent doctor along with Nursing Officer and supporting staff.
- Settle any payment incurred for the procedure done in the outside hospital then and there itself by the patient.
- The contact details of the driver may be given to the relatives for return journey after consultation.

## **III SOP for discharge of patient to other hospitals for continuation of care**

- The decision to transfer the patient is taken by a senior consultant level doctor after thorough discussion with patient's relatives about the risks and benefits involved.
- A written informed consent of patient's relatives along with the reason to transfer is mandatory before the transfer.
- Arrange appropriate facilities at the receiving hospital or facility by the relatives.

### **Pre transfer stabilization and preparation:**

- Proper and meticulous preparation and stabilisation of patient before transfer to prevent any adverse events or deterioration in patient's clinical condition.
- During the preparation, patient's A, B, C and D, i.e., airway, breathing, circulation and disability, should be checked, and any associated preventable problems should be corrected
- Use pre-transfer checklist.
- The patients with possibility of airway compromise during transfer should be electively intubated with endotracheal tube (ETT) with a cuff which should be secured properly after confirming its correct position.

- A properly placed nasogastric tube is required in some patients to prevent aspiration of gastric contents during transfer.
- The cervical spine stabilisation may be required in some trauma patients.
- The ventilation should be adequately controlled with optimisation of the arterial blood gas values.
- All the baseline investigations should be done on the day of transfer to reflect the present condition of the patient.
- The two most commonly employed modes of transfer of patients are ground transport, with the inclusion of ambulances and Mobile Intensive Care Units (MICUs), and air transport which includes helicopter or air ambulances.
- The appropriate hospital and accompanying staff need to be arranged by the patient relative in consultation with the receiving hospital except in case of RCC and Medical College Hospital.
- For discharging to MCH, RCC and SAT our hospital ambulance and staff can be utilised to transport the patient.

This is issued with the approval of the Director.



**Medical Superintendent**



**Sree Chitra Tirunal Institute for Medical Sciences and  
Technology, Trivandrum**  
(An Institution of National Importance, Department of Science and Technology,  
Govt. of India)

**TRANSFER CONSENT**

**MEDICAL CONDITION**

Condition (Required Check one):      Stable ☐      Critical ☐

Diagnosis (Required): .....

**REASON FOR TRANSFER/BENEFIT**

Consultation ☐      Higher level/Specialty Care ☐      Patient Preference ☐

Continuity of Care ☐      Other Reason for transfer (if applicable).....

**RISKS:**

All transfers have the inherent risks of traffic delays, accidents, bad weather, rough terrain or turbulence, and the limitations of equipment and personnel present in the vehicle if there is a change in my medical condition on the way to the facility.

Other risks including those related to the patient's medical condition (required but if not applicable, leave blank):

**Patient Consent to Transfer**

The attending physician(s) or designee below has explained to me, in my preferred language, the potential risks and benefits of my transfer specific to my medical condition. I have been given the opportunity to ask questions and all of my questions have been answered to my satisfaction.

Patient, \*Guardian

Or Representative* .....	.....	.....	.....	.....
Print name	Signature	Date	Time	Relationship or self

Signature witness .....	.....	.....	.....
-------------------------	-------	-------	-------

Print name	Signature	Date	Time
------------	-----------	------	------

Preferred Language :

Interpreter Name or Number .....	.....	.....	.....
Print name	signature	Date	Time

☐ Telephone /video Consent with Representative \*\* ( Check box if applicable)

Name of designee appointed by Attending Physician to explain the risks and benefits of transfer for the patient's medical condition if applicable:

.....

Printed name of assignee (if not applicable leave blank)

### Attending Physician Certification of Transfer

I hereby certify that based on the information available to me at the time of transfer ,to a reasonable degree of medical certainty ,the expected medical benefits from the provision of appropriate care at another facility outweigh the risk to the individual or unborn child. I have confirmed that this patient /representative \*\*is able to give informed consent .If the patients is unable to provide consent and does not have a representative \*\*, a second attending physician has concurred with the appropriateness of the transfer. I have explained the risks and benefits of the transfer to the patient /representative \*\*specific to their medical condition. I have offered to answer any questions and have fully answered all such questions. In the event that I was not present when the patient signed the form, I understand that the form is only documentation that the informed consent process took place. I remain responsible for having obtained consent from the patient.

.....

Print attending physician name	Attending physician signature	Date	Time
--------------------------------	-------------------------------	------	------

\*The signature of the patient must be obtained unless the patient is under the age of 18 or lacks capacity.

\*\* Throughout this document, the term "representative" refers to a legally authorized representative or guardian.

NOTE: THIS DOCUMENT MUST BE MADE PART OF THE PATIENTS MEDICAL RECORD.

