



SORT Handover to PICU Checklist

Information Handover:		
	Is the	val doctor and nurse and receiving PICU doctor and nurse all present? transfer trolley plugged into mains supply and wall oxygen? I safe and stable for a hands off handover prior to transfer?
Ver	bal han	dover should include:
		Name, age, weight
		Reason for admission and background, management to date
		Relevant past medical history, birth history
		Regular medication
		Allergies
		Social History, safeguarding, parent information
Exa	minatio	n to include:
		Airway – Grade of intubation, ETT size and length
		Breathing – Ventilator settings, compliance/secretions, CXR findings, blood
		gas results
		Circulation – Inotropes required/running, blood loss/Hb, amount/type of
		fluid given and response
		Neuro – Sedation, GCS prior to intubation, CT results, seizure management
		blood glucose
		Results and investigations – blood results, bedside test results, radiology
		Drugs and fluids – timing of antibiotics, analgesics, muscle relaxants,
		maintenance fluid, infusions
		Indwelling lines and tubes – lines, catheter, NGT, drains
		Drugs – including timings of antibiotics, analgesics, muscle relaxants





Patient and Equipment Transfer:

	Any infection control concerns or isolation requirements?		
	Safe transfer to appropriate sized bed?		
	Ventilator settings adjusted and patient attached?		
	Monitoring transferred, zeroed and accurate?		
	Infusions transferred and plugged in?		
	Chest drains positioned and on suction if applicable		
Safety Check:			
	Airway still in position?		
	Ventilation adequate?		
	Monitoring adequate?		
	Infusions running appropriately and lines patent?		
На	ndover of responsibility to receiving team:		
	Are the receiving team happy to take over responsibility for the child?		
	Have expected physiological targets and management plans been agreed?		
	Do they have all the information and documentation they need?		
	Is the PICU Consultant aware of the child's arrival?		
Post-transfer Duties:			
	SORT Form completed and photocopied (copy put in patient notes)		
	Critical Incidents documented (if applicable)		
	SORT Database completed		
	Equipment cleaned, checked and plugged into mains		
	Ultrasound charging and restocked		
	Bags restocked and sealed		
	Fridge and CD drugs accounted for and checked back in/disposed of		
	Team debrief: any learning points to reflect on?		