**HDU checklist: In preparation for retrieval**

Name - DOB –

Date -

|  |  |
| --- | --- |
| Items to check | Tick/ initial and time once complete |
| **A** |  |
| Airway adjuncts available if necessary |  |
| **B** |  |
| Mask and bag/ t piece available |  |
| End tidal CO2 available |  |
| Suction, tubing and appropriate yanker |  |
| **C** |  |
| ECG monitoring on |  |
| Functioning IV access in place |  |
| Frequency of observations decided including blood pressure |  |
| Scotstar drug chart printed |  |
| Consider drawing up resus drugs |  |
| **D** |  |
| Sepsis 6 checklist filled out if applicable – PTO for checklist |  |
| In correct bed space |  |
| Highlighted as a watcher |  |
| Decide frequency of medical reviews |  |
| Consider discussion with ITU |  |
| Ensure algorithms are available in event of deterioration |  |