

The Victorian Surgical Consultative Council

Inter-hospital Transfer of Unstable Surgical Patients

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The Victorian Surgical Consultative Council was recently forwarded a report of a patient needing to be transferred to another hospital as there were no ICU beds available at the first hospital.

The patient had major intra-abdominal sepsis and a surgical opinion had not been requested at the first hospital. An urgent laparotomy was performed at the receiving hospital. Both pancreatic debridement and a right hemi-colectomy for ischaemia were required. The surgeon at the receiving hospital was of the view that the patient would have been better served had the laparotomy been performed prior to transfer.

The VSCC supports the view that any surgical patient requiring inter-hospital transfer for ICU support should be seen by a surgeon prior to that transfer. Where the patient has major intra-abdominal sepsis, bleeding or ischaemia it is often preferable to operate prior to transfer.

It is not possible though to be prescriptive about such matters as it will depend on the time critical nature of the problem at hand, the availability of surgical skills and theatre facilities and the anticipated delay in transferring the patient.

Currently the VSCC is attempting to obtain local data as well as national data to support this view.

VSCC Approved: June 2009