

Transfer Checklist	Yes	No	Comments
Patient identification and presence of informed consent			
Indication for transfer			
Reviewed relevant medical history (i.e., prior bleeding, terminal illness)			
Code Status Identified			
Stability of vital signs at time of transfer			
Volume assessment			
Available laboratory data (CBC, CMP, troponin, BNP, coagulation profile), EKG, and imaging data (chest CTA, ECHO, venous duplex)			
Assessment of Bleeding risk assessment, contraindications for thrombolysis			
Reviewed medication list and medication administered			
Intravenous access (site)			
Intravenous fluids			
Initial therapies: <ul style="list-style-type: none"> • Respiratory support (oxygen supplementation, noninvasive ventilation, High Flow nasal cannula, and invasive ventilation) • Hemodynamic support and rate of titration <ul style="list-style-type: none"> • Norepinephrine • Vasopressin • Dobutamine • Milrinone • Anticoagulation <ul style="list-style-type: none"> • Heparin (UFH) • Time of heparin bolus • Rate of drip <ul style="list-style-type: none"> • Low-molecular weight heparin* • Lytic • Time of bolus • Drip 			
Required scheduled laboratory tests			
Equipment required			
Stability of the patient for transfer			
Urgency of the transfer and mode of transportation (ground vs air ambulance)			
Preliminary PE plan, including specific therapies			
Contingency plan if the patient condition deteriorates While awaiting for or during transfer			
Copy of the patient chart and imaging			
Communication with the accepting hospital performed			
The personnel accompanying the patient during transport			

Adapted from: Rali P, Sacher D, Rivera-Lebron B, et al. Interhospital transfer of patients with acute pulmonary embolism: Challenges and opportunities. CHEST 2021 160 (5): 1844-1852.

Konstantinides SV, et al. 2019 ESC Guidelines for the diagnosis and management of acute pulmonary embolism developed in collaboration with the European Respiratory Society (ERS). Eur Heart Journal. 2020; 41: 543-603.

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