



# Fitness to Travel and Handover to the Home-Country Clinician

*The criteria before a patient flies home after treatment, and the structured handover that arrives before they do*

## Fitness to travel — all must be met

| Criterion                                                                                                                                                                                                    | <input type="checkbox"/> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| Vital signs stable for 24 h; no fever; eating and drinking; pain controlled on oral medicines                                                                                                                | <input type="checkbox"/> |
| Wounds inspected within 24 h of travel; no signs of infection; drains removed (or a plan and supplies if not); dressings and instructions for the journey                                                    | <input type="checkbox"/> |
| Mobile: can walk to the toilet and board unaided or with the companion; can sit for the flight duration                                                                                                      | <input type="checkbox"/> |
| Thrombosis risk assessed for the journey: compression stockings; walk hourly; anticoagulant prophylaxis prescribed where indicated after surgery                                                             | <input type="checkbox"/> |
| No oxygen requirement (SpO <sub>2</sub> ≥ 94 % on air); no pneumothorax within 2 weeks; no abdominal surgery within the minimum interval agreed by the surgeon (typically 5–10 days) — airline rules checked | <input type="checkbox"/> |
| Medicines for the journey and 14 days, in original packaging, with a letter for customs; controlled drugs per both countries' rules                                                                          | <input type="checkbox"/> |
| Documents: discharge summary in English and home language; imaging on media; fitness-to-travel letter for the airline if required; implant card                                                              | <input type="checkbox"/> |
| Danger signs and whom to call, in both countries, written and taught back; the patient has the treating team's direct contact                                                                                | <input type="checkbox"/> |
| Companion briefed; airline informed of needs (wheelchair, extra legroom, oxygen if any)                                                                                                                      | <input type="checkbox"/> |
| Follow-up dates set (48–72 h, 2 weeks, 6 weeks) and the home clinician's appointment requested                                                                                                               | <input type="checkbox"/> |
| Fit to travel on _____ by _____ (mode): clinician _____ date _____                                                                                                                                           |                          |

## Handover to the home-country clinician — sent before departure, with consent

|                                     |                                                                                                                                                                                                                                                                |
|-------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>S — Situation</b>                | Patient (name, DOB, home ID if known); treated at [facility] from ___ to ___ for [diagnosis]; returning home on ___; this letter for [home clinician / GP] with the patient's consent                                                                          |
| <b>B — Background</b>               | Presenting problem and how it was assessed; relevant history; medicines on arrival                                                                                                                                                                             |
| <b>A — Assessment and treatment</b> | Procedure(s) with dates; implants (type, serial, card enclosed); anaesthesia; complications and how managed; results and imaging enclosed; condition at discharge                                                                                              |
| <b>R — Recommendation</b>           | Medicines now (full reconciled list, changes explained); wound / drain / stitch care and removal date; activity and driving; what to watch for and what to do; follow-up we will do remotely and what we ask you to do locally; our direct contact 24/7: _____ |
| <b>Enclosed</b>                     | Discharge summary · operation note · imaging (media) · results · medicine list · fitness-to-travel letter · this handover                                                                                                                                      |

**ASF standards:** Medical Tourism endorsement — continuity (means of verification: fitness checklists and handover letters in every international record)