

# Neonatal/Paediatric Nurse Led NISTAR Request



## Request Details

Date  Time  (24hrs) Call-handler

## Patient Details

Name  
Address  
Post Code  
H&C Number  
Hospital Number  
D.O.B.

(Please tick the relevant boxes)

Male  Age   
Female   
Ambiguous  Weight  (kg)

	Referring Hospital Details	Receiving Hospital Details
Hospital		
Ward/Site		
Consultant		
Specialty		
Contact No.		

## Patient Summary

Please give details including PMH, diagnosis, interventions/treatments and reason for transfer.

**Allergies** No   
Yes  (Please give details)

**Infection** No   
Yes  (Please give details)

e.g. Isolation, PPE

**Resuscitation Status**  
(Please give details)

## Family Details

Parents  Names  Contact No.   
Guardians

Travelling with NISTAR No   
Yes  Language  Interpreter Required No   
Yes

## Safeguarding Details

Safeguarding concerns No   
Yes

(If yes, please give details)

# Neonatal/Paediatric Nurse Led NISTAR Request



## Patient Assessment

### Airway Assessment

Airway concerns    No     Yes  (Please give details)   

Airway adjunct    No     Yes  (Please give details)   

Suction required    No     Yes  (Please give details)   

### Breathing Assessment

Respiratory rate  (bpm)    SpO<sub>2</sub>  (%)    Acceptable parameters

Supplemental O<sub>2</sub>    No     Yes  (Please give details)     e.g. flow, percentage and device

Chest drain    No     Yes  (Please give details)     e.g. site, reason for insertion, date of removal and CXR post removal

Chest physio required    No     Yes  (Please give details)   

### Circulation Assessment

HR  (bpm)    BP  (mmHg)    CRT  (sec)    Colour     Peripheral perfusion

Pacing wires/pacemaker    No     Yes  (Please give details)     e.g. date of insertion/date of removal

### Disability Assessment

GCS    E  /4    V  /5    M  /6     /15

Pupils    L     R     Blood glucose  (mmol/l)     (time)

- size    - reactivity

Pain    No     Yes  (Please give details)     e.g. site and severity

Seizure activity    No     Yes  (Please give details)   

### Exposure Assessment

Temp.  (°C)

Temp. site     Temp. regulation concerns    No     Yes  (Please give details)   

Skin assessment     Eye assessment

Wounds    No     Yes  (Please give details)     e.g. sites, dressings and drains    Mouth assessment

# Neonatal/Paediatric Nurse Led NISTAR Request



## Fluid Assessment

Total daily fluid allowance  mis/kg/day Type  Rate  (mls/hr) Route  (sec)

Urinary output   
 • Catheter    
 • Nappies    
 • Other  (Please give details)

## Feed Assessment

Mode of feeding	Type of feed	Frequency	Volume
Bottle			
Breast			
TPN			
Tube			

EBM for transfer No  Yes  (Please give details)

Eating & drinking No  Yes  (Please give details)

Food intolerances No  Yes  (Please give details)

Nausea/vomiting No  Yes  (Please give details)

Last bowel motion  (type) Date  Time

## Current Medication

Infusions	Regular Meds.	PRN Meds.	Stat. Meds.

## Recent Imaging/Investigations

Please give details of dates performed and any concerns  
 e.g. CXR, ECG, ECHO

## Current Invasive Lines/Devices

Please give details of sites and dates inserted.

# Neonatal/Paediatric Nurse Led NISTAR Request



## NISTAR Transfer Advice

### Documentation required

- Identity bands (x2)  Fluid balance chart  Doctor transfer letter   
 Observation chart  Drug prescription chart  Nurse transfer letter

Other docs.

### Plan for IV fluids for transfer

No   
 Yes  (Please give details)

### Plan for analgesia prior to transfer

No   
 Yes  (Please give details)

### Plan for feeding prior to transfer

No   
 Yes  (Please give details)

Other advice given

Signed  Date  Time  (24hrs)

## NISTAR Pre Transport Checklist

### Ambulance

Ambulance booked  Time  (24hrs) Ref. No.

### Equipment

- |  |                          |                             |                          |                          |
|--|--------------------------|-----------------------------|--------------------------|--------------------------|
| Trolley  | <input type="checkbox"/> | Monitor:                    | • ECG leads              | <input type="checkbox"/> |
| Restraint:                                     |                          |                             | • BP cuff                | <input type="checkbox"/> |
| • Pod & straps                                 | <input type="checkbox"/> |                             | • SpO <sub>2</sub> probe | <input type="checkbox"/> |
| • Pedi-mate plus                               | <input type="checkbox"/> | Mains lead                  |                          | <input type="checkbox"/> |
| • Black Ferno harness                          | <input type="checkbox"/> | Syringe drivers             |                          | <input type="checkbox"/> |
| • Car seat                                     | <input type="checkbox"/> | Transport folder            |                          | <input type="checkbox"/> |
| Defibrillator                                  | <input type="checkbox"/> | Other NISTAR teams informed |                          | <input type="checkbox"/> |
| Checked trolley bag                            | <input type="checkbox"/> | NISTAR phone                |                          | <input type="checkbox"/> |
| Transwarmer/ Medwarmer                         | <input type="checkbox"/> | Money (sterling/euro)       |                          | <input type="checkbox"/> |
| O <sub>2</sub> cylinder (x2)                   | <input type="checkbox"/> | Call referring hospital     |                          | <input type="checkbox"/> |
| O <sub>2</sub> flow meters (reg/ low/ low-low) | <input type="checkbox"/> | Team brief                  |                          | <input type="checkbox"/> |
| Ambu bag & mask                                | <input type="checkbox"/> |                             |                          |                          |
| Portable suction/ yankeurs/ catheters          | <input type="checkbox"/> |                             |                          |                          |

Signed  Date  Time  (24hrs)

# Neonatal/Paediatric Nurse Led NISTAR Transfer



## NISTAR Clinical Observation Record

Time (1/2 Hourly)

**Key:**

- HR •
- SBP ^
- DBP v
- RR x

200	Arrival	Pre Dep																				
190																						
180																						
170																						
160																						
150																						
140																						
130																						
120																						
110																						
100																						
90																						
80																						
70																						
60																						
50																						
40																						
30																						
20																						
10																						
MAP																						
CRT																						
O2																						
SpO2																						
Temp.																						
GCS																						
Pupils R/L																						

## NISTAR Input Record

Time (Hourly)

Infusion 1 & Site

Infusion 2 & Site

Rate					
Hourly Vol.					
Total Vol.					
Cannula Check					
Rate					
Hourly Vol.					
Total Vol.					
Cannula Check					
Input Total					

## NISTAR Output Record

Time (Hourly)

Urine	Hourly Vol.				
	Total Vol.				
NG	Hourly Vol.				
	Total Vol.				
Bowels	Hourly Vol.				
	Total Vol.				
	Output Total				

# Neonatal/Paediatric Nurse Led NISTAR Transfer



## NISTAR Packaging Checklist

- |   |                          |  |                          |
|---|--------------------------|--|--------------------------|
| Referring hospital handover received              | <input type="checkbox"/> | Restraint securely fastened            | <input type="checkbox"/> |
| Confirm allergies/ infection status/ resus status | <input type="checkbox"/> | Pressure points protected              | <input type="checkbox"/> |
| Confirm clinical OBS stable for transfer          | <input type="checkbox"/> | Blankets/ hats/ transwarmer mattress   | <input type="checkbox"/> |
| O <sub>2</sub> supply on                          | <input type="checkbox"/> | Fluid/ infusions connected and running | <input type="checkbox"/> |
| IV access, invasive devices labelled and checked  | <input type="checkbox"/> | ID bands (x2)                          | <input type="checkbox"/> |
| Monitor and leads checked                         | <input type="checkbox"/> | Soother/comforter                      | <input type="checkbox"/> |

Signed  Date  Time  (24hrs)

## NISTAR Pre-Departure Checklist

- |  |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
| Sufficient O <sub>2</sub>                    | <input type="checkbox"/> | Patient property         | <input type="checkbox"/> |
| Sufficient fluids, infusions, drugs          | <input type="checkbox"/> | EBM                      | <input type="checkbox"/> |
| Clinical OBS stable                          | <input type="checkbox"/> | Documents:               | <input type="checkbox"/> |
| IV cannula accessible                        | <input type="checkbox"/> | • Doctor transfer letter | <input type="checkbox"/> |
| NISTAR intro to family                       | <input type="checkbox"/> | • Nurse transfer letter  | <input type="checkbox"/> |
| NISTAR info to family/ phone numbers checked | <input type="checkbox"/> | • OBS/ fluid charts      | <input type="checkbox"/> |
| Family mode of transport confirmed           | <input type="checkbox"/> | • Prescription chart     | <input type="checkbox"/> |
|  |                          | Call receiving hospital  | <input type="checkbox"/> |

Signed  Date  Time  (24hrs)

## NISTAR Ambulance Transfer Checklist

- |                                    |                          |                                      |                          |
|------------------------------------|--------------------------|--------------------------------------|--------------------------|
| Patient secure                     | <input type="checkbox"/> | Bags and equipment secure            | <input type="checkbox"/> |
| Trolley secure                     | <input type="checkbox"/> | Parent intro to vehicle and transfer | <input type="checkbox"/> |
| On ambulance power                 | <input type="checkbox"/> | Route confirmed                      | <input type="checkbox"/> |
| On ambulance O <sub>2</sub> supply | <input type="checkbox"/> | Parent restrained                    | <input type="checkbox"/> |
| Vehicle temperature controlled     | <input type="checkbox"/> | Staff restrained                     | <input type="checkbox"/> |

Signed  Date  Time  (24hrs)

## Notes on Transfer

# Neonatal/Paediatric Nurse Led NISTAR Transfer



## NISTAR Handover Checklist

- |   |                          |                                     |              |                          |
|---|--------------------------|-------------------------------------|--------------|--------------------------|
| NISTAR team introductions                       | <input type="checkbox"/> | Safety:                             | • Allergies  | <input type="checkbox"/> |
| Patient details                                 | <input type="checkbox"/> |                                     | • IPC issues | <input type="checkbox"/> |
| Patient summary                                 | <input type="checkbox"/> | Handover of patient property        |              | <input type="checkbox"/> |
| Patient reason for transfer/ plan of care       | <input type="checkbox"/> | Family details                      |              | <input type="checkbox"/> |
| Observations/ fluids/ infusions during transfer | <input type="checkbox"/> | Incidents during transfer           |              | <input type="checkbox"/> |
| Clinical changes during transfer                | <input type="checkbox"/> | Photocopy and leave transfer sheets |              | <input type="checkbox"/> |

Signed  Date  Time  (24hrs)

## Vehicle Details

NISTAR ambulance no.

Other vehicle

## Team Details

NISTAR driver

NISTAR nurse

## Blue Lights Used

No

Yes  (Please give details)

## NISTAR Transfer Times

	Date	Time (24hrs)
Decision to accept transfer		
Ambulance booked		
Ambulance and NISTAR driver arrive		
NISTAR team departs base		
NISTAR team arrives at referring hospital		
NISTAR team departs referring hospital		
NISTAR team arrives at receiving hospital		
NISTAR team departs receiving hospital		
NISTAR team returns to base		

## Neonatal/Paediatric Transfer Cancellation

### Cancellation by referring hospital

(Please give details)

### Cancellation by NISTAR nurse led team

(Please give details)

# Neonatal/Paediatric Nurse Led NISTAR Transfer



## Delays/ Adverse Incidents

**Delays** No   
 Yes  (Please give details)

**Adverse incidents** No   
 Yes  (Please give details)

**Datix to be completed** No   
 Yes  (Please give details)

## Return to Base Checklist

- |                              |                          |  |             |                          |
|------------------------------|--------------------------|--|-------------|--------------------------|
| Team debrief                 | <input type="checkbox"/> | Trolley bag                                      | • Cleaned   | <input type="checkbox"/> |
| Trolley:                     | <input type="checkbox"/> |  | • Restocked | <input type="checkbox"/> |
|                              | <input type="checkbox"/> |  | • Checked   | <input type="checkbox"/> |
|                              | <input type="checkbox"/> | Inform other NISTAR teams of return to base      |             | <input type="checkbox"/> |
| O <sub>2</sub> cylinder (x2) | <input type="checkbox"/> | Charge mobile phone                              |             | <input type="checkbox"/> |
|                              | <input type="checkbox"/> | Transfer form returned to transport co-ordinator |             | <input type="checkbox"/> |
|                              | <input type="checkbox"/> |  |             |                          |
|                              | <input type="checkbox"/> |  |             |                          |

Signed  Date  Time  (24hrs)

## Suggestions

Please provide any suggestions for service improvements. Your contribution is valued.