| PRE-TRANSPORT CHECKLIST | | | |
|---|---|---|---|
| ENSURE THE FOLLOWING EQUIPMENT IS PRESENT AND FUNCTIONING | | | |
| AIR CYLINDERS (FULL) | | MONITOR LEADS | |
| $O_2$ CYLINDERS (FULL) | | BP TRANSDUCER**CHECK ALL BUNGS** | |
| NITRIC OXIDE CYLINDER/CIRCUIT | | $O_2$ BAGGING SET | |
| VENTILATOR | | SELF INFLATING BAG | |
| VENTILATOR CIRCUIT | | SUCTION | |
| INCUBATOR (FULLY CHARGED) | | SUCTION CATHETERS | |
| MONITOR | | STETHOSCOPE | |
| INFUSION PUMPS (AT LEAST 4) | | TEMPERATURE PROBE | |
| TRANSPORT EQUIPMENT BAGS | | HUMIDIFICATION | |
| EMERGENCY DRUGS | | WARM CLOTHING | |
| DOCUMENTATION **Photocopy handover sheet** | | FOOD | |
| MOBILE PHONE | | MONEY | |

| PRE-TRANSPORT CHECKLIST | | | |
|---|---|---|---|
| | YES | NO | N/A |
| THEATRE CHECK LIST | | | |
| NAME BANDS × 2 | | | |
| CONSENT FORM | | | |
| BLOOD ORDERED | | | |
| CJD FORM | | | |
| INFANT'S NOTES | | | |
| FLUID BALANCE SHEET | | | |
| DRUG KARDEX | | | |
| BLOOD RESULT FORM | | | |
| INVESTIGATION REQUEST FORM | | | |
| MILK | | | |
| BABY PERSONAL ITEMS | | | |
| **INFECTION STATUS:** **TROLLEY 1 2** | **NORTHERN IRELAND NEONATAL NETWORK INFECTION CONTROL FORMS** Yes/No | | |

NISTAR NEONATAL CRITICAL CARE TRANSFERS

**POST TRANSFER NOTES:**

# NISTAR NEONATAL CRITICAL CARE TRANSFERS

## AT RECIEVING HOSPITAL

| ERATURE: | | | | BLOOD GLUCOSE: | |
|---|---|---|---|---|---|
| DD | PH | PO2 | PCO2: | HCO3: | BASE EXCESS: |

## TRANSPORT UNDERTAKEN BY:

| SIGNATURE: | PRINT: | DESIGNATION: | DATE: |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

## TIMINGS OF CALLS– PLEASE RECORD IN 24HR CLOCK FORMAT

| | | | |
|---|---|---|---|
| ERRAL CALL | | TEAM ARRIVE REFERRAL | |
| ERRAL ACCEPTED | | TEAM DEPART REFERRAL | |
| BULANCE CONTACTED | | TEAM ARRIVE RECIEVING | |
| J NOTIFIED | | TEAM DEPART RECIEVING | |
| BULANCE ARRIVE | | PARENTS OFFERED TO TRAVEL | Y/N |
| | | PARENTS TRAVELLED WITH BABY | Y/N |
| ER CONTACTED | | FAMILY CONTACTED ON DEPARTURE | Y/N |
| | | FAMILY CONTACTED ON ARRIVAL | Y/N |
| M DESPATCHED | | BACK TO BASE | |
| TEAM GO ONTO ANOTHER CALL Y/N | | TRANSPORT COORDINATOR CONTACTED Y/N | |
| AT TIME ORIGINAL CALL COMPLETED: | | CONSULTANT CONTACTED Y/N | |

CLEANED AS PER PROTOCOL:

NATURE:

## ADVERSE INCIDENTS DURING TRANSFER

FORM COMPLETED YES/NO SIGNATURE:

| IDENT | ACTION REQUIRED |
|---|---|
| BULANCE BOOKING REF | |
| HTS AND SIRENS | YES/NO |

# NISTAR NEONATAL CRITICAL CARE TRANSFERS

CRITICAL CARE RETRIEVAL ☐ TREATMENT/INVESTIGATION ☐ DATE:

| | | | | |
|---|---|---|---|---|
| **NAME:** M/F | | APGAR SCORES @ (1) (5) (10) min | | |
| D/O/B : TIME OF BIRTH: | | GESTATION: CURRENT GESTATION: | | |
| BIRTH WEIGHT: CURRENT WEIGHT: | | VITAMIN K: YES/NO | DOSE: | ROUTE: |
| HOSPITAL No: | | H&C No: | | |

| | |
|---|---|
| REFERRING HOSPITAL: | RECEIVING HOSPITAL: |
| REFERRING CONSULTANT: | RECEIVING CONSULTANT: |
| REFERRING CONTACT TEL. No: | RECEIVING CONTACT TEL. No: |

| | | | |
|---|---|---|---|
| MOTHER'S NAME: | | | PARENTS AWARE OF TRANSFER: YES/NO |
| PARITY: | EDD: | PROM: Y/N DURATION: h | ANTENATAL STEROIDS: YES/NO |
| MATERNAL BLOOD GROUP: | | MATERNAL ANTIBODIES: | |
| HEPATITIS B STATUS: Positive/negative | HIV STATUS: Positive/negative | RUBELLA STATUS: Positive/negative | GBS: YES/NO |
| MODE OF DELIVERY & INDICATIONS: | | | RELEVANT ANTENATAL EVENTS: (Umbilical Dopplers, anomaly scan, maternal drugs, antibiotics in labour, etc.) |
| FETAL DISTRESS YES/NO | CORD pH: | | |
| LIQUOR: | | | |
| RESUSCITATION REQUIRED: | | | RELEVANT MEDICAL HISTORY: |

| | | | | |
|---|---|---|---|---|
| **AIRWAY:** | PATENT ☐ | **BREATHING:** | SPONTANEOUS ☐ RESPIRATORY RATE..... $Sp0_2$.....in.....$O_2$ | |
| | INTUBATED ☐ SIZE..... TAPED AT.....cm | | CPAP ☐ | CPAP PRESSURE.....$cmH_2O$ |
| | | | IPPV ☐ | VENTILATOR: RATE:.....PIP.....PEEP.....$FI0_2$..... |
| **CIRCULATION:** | IV LINES ×..... CVL: Y/N IA LINE: Y/N | | HEART RATE..... | CAPILLARY REFILL TIME:..... |
| | | | | BP...../..... MEAN BP..... |
| **DISABILITY:** | BLOOD GLUCOSE.....mmol/l | | TEMPERATURE.....°C | PUPILS: (R).....(L)..... |
| **DRUGS:** | INOTROPES: DOPAMINE/DOBUTAMINE/ADRENALINE (circle) | | | |
| | ANTIBIOTICS: | | OTHER DRUGS: | |
| **FLUIDS:** | .....ml of .....BOLUS GIVEN<br>.....ml/hr.....INFUSION<br>.....ml/hr.....INFUSION<br>.....ml/hr.....INFUSION | | **INFECTION STATUS:** | |

**ADVICE GIVEN BY NISTAR (in order of priority):** **ADVICE GIVEN BY.....**

| | |
|---|---|
| 1) | 3) |
| 2) | 4) |

SIGNATURE: DATE: TIME: