Preparing a Patient for a time critical one-way transfer by the referring hospital team (Embrace)

Reference: 1584v3
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Approved: June 2013
Embrace Review Due: February 2020
CAEC Review Due: February 2022

Purpose
This guideline is a checklist to aid and facilitate safe and effective one-way transfer by a referring hospital team.

Intended Audience All healthcare professionals in Yorkshire and Humber who may be involved in the one-way transfer of a paediatric or neonatal patient.

Table of Contents
1. Introduction
2. Intended Audience
Preparing a patient for a time critical one-way transfer by the referring hospital team

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The transport medicine environment is challenging particularly for time critical transfers. For transfer to occur safely your patient may need interventions that would not be performed if the patient remained in your hospital. To minimise the time needed to prepare the patient for transport, please consider the following check list.

Remember to always involve Embrace from the time of seeking specialist advice in order to facilitate the most efficient and appropriate transfer for your patient.

2. Intended Audience
All healthcare professionals in Yorkshire and Humber who may be involved in a time critical one-way transfer of a paediatric or neonatal patient.

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Documentation and communication

- Update the parents on the child’s condition and the plans for transfer
- Photocopies of recent relevant notes, recent investigation results, drug chart*
- Highlight/document any safeguarding concerns*
- Transfer relevant radiology to receiving hospital by PACS (CD or hard copy are alternatives)
- Maternal blood sample (6m EDTA) - fully labelled with request form (babies under 3months) *
  - First name
  - Last name
  - Date of birth
  - NHS number
  - Date & time of sample
  - Name and signature of person taking sample

Patient preparation

- ETT secured using tape (Elastoplast/zinc oxide), confirm tube does not move with a “push test”
- Confirm and document position on CXR (T2 is ideal for transfer)

S Hancock, Paediatric Clinical Lead, Embrace  Peer Reviewer: H Talbot
Embrace Review date: February 2020  CAEC Review Date: February 2022
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- On transport ventilator with continuous ETCO$_2$ monitoring
- Recent blood gas demonstrating adequate gas exchange and normal blood glucose
- Adequate analgesia, sedation and muscle relaxation*
- Gastric tube*
- Minimum 2 points of IV access and well secured
- Maintenance fluids and all other infusions fully labelled
- Pupillary responses monitored and recorded regularly
- Seizures controlled and metabolic causes excluded
- Maintain temperature above 36.5 °C (unless therapeutically cooled)
- Adequate patient monitoring for transport – ECG, BP, SaO$_2$, ETCO$_2$, Temp
- Patient and equipment adequately secured for transport
- Ensure emergency airway and breathing equipment available
- Ensure adequate gas supply available for journey
- Ensure emergency fluids and drugs are available for transport
- Assess risk of staff involved in transfer and consider change of personnel if inexperienced or fatigued

For further information or assistance please call Embrace to speak directly to a Transport Consultant

0845 147 2472

**Basic equipment needed for ‘Time Critical’ transfer of children**

Transport trolley (adult intensive care transport trolley is ideal)

Age/weight appropriate child restraint device e.g. Paraid ACR

Transport ventilator* e.g. BabyPac, VentiPac, Oxylog, Hamilton T1

Transport monitor* – ETCO$_2$, NIBP, IBP, ECG, Sats, Temp

Infusion pumps*

‘Grab bag’ – appropriate drugs and equipment for time critical transfer should be immediately available and checked according to local policy

Resource file - drug chart, observation charts, guidelines etc

Contact details of referring and destination units. Mobile phone, money, jumper/coat etc...

**Always complete a pre-departure checklist** - available from www.embrace.sch.nhs.uk

**Always ring the destination unit before departure**

*ensure all equipment is safely secured to the trolley or incubator