



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

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## Purpose

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

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### 1. Introduction

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.**

Further resources to support this process, including the Safe Transfer Of Paediatric Patients (STOPP) tool are available at [www.sheffieldchildrens.nhs.uk/embrace](http://www.sheffieldchildrens.nhs.uk/embrace)

### 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.

### 3. Guideline Content

See Appendix 1

## Preparing a patient for a time critical one-way transfer by the referring hospital team

The transport medicine environment is challenging particularly for time critical transfers. For transfer to occur safely your patient may need interventions that are not routinely performed 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.**

Further resources to support this process, including the Safe Transfer Of Paediatric Patients (STOPP) tool are available at [www.sheffieldchildrens.nhs.uk/embrace](http://www.sheffieldchildrens.nhs.uk/embrace)

(\*as appropriate)

### 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\*
- Ensure relevant radiology can be viewed at the receiving hospital (image sharing or PACS transfer)
- Maternal blood sample (6ml EDTA) - fully labelled with request form (babies under 4 months) \*
  - First name
  - Last name
  - Date of birth
  - NHS number
  - Date & time of sample
  - Name and signature of person taking sample

### Patient preparation

- ETT\* secured, confirm tube does not move with a "push test"
- Confirm and document position on CXR (T2 is ideal for transfer)\*
- On transport ventilator with continuous ET<sub>CO</sub>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, 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<sub>2</sub>, ET<sub>CO</sub>2, Temp
- Patient and equipment adequately secured for transport
- Emergency airway and breathing equipment
- Adequate gas supply available for journey
- Emergency fluids and drugs
- 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 0114 3058200

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**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<sub>2</sub>, 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.sheffieldchildrens.nhs.uk/embrace](http://www.sheffieldchildrens.nhs.uk/embrace)

**Always ring the destination unit before departure**

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

Preparing a patient for a time critical one-way transfer by the referring hospital team

**Basic equipment needed for 'Time Critical' transfer of neonates and infants weighing less than 5kg**

Transport incubator

OR

Transport trolley and BabyPod with gel warming mattress

Age/weight appropriate restraint device e.g. BabyPod straps, Paraid NeoRestraint

Transport ventilator\* e.g. BabyPac, Hamilton T1

Transport monitor\* – ETCO<sub>2</sub>, 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](http://www.embrace.sch.nhs.uk)

Always ring the destination unit before departure

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