



Preparing a neonatal Patient for emergency transfer (Embrace)

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Purpose

This guideline is a checklist for referring hospitals to aid and facilitate safe and effective transfer by the Embrace team when preparing a neonatal patient for emergency transfer.

Intended Audience

All healthcare professionals in Yorkshire and Humber who may be involved in the stabilisation of a neonatal patient.

Preparing a neonatal patient for emergency transfer

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1. Introduction

The transport medicine environment is challenging. 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 the Embrace team needs to prepare the patient for transport, please consider the following check list before the team arrives.

2. Intended Audience

All healthcare professionals in Yorkshire and Humber who may be involved in the stabilisation of a neonatal patient

3. Guideline Content

See appendix 1

Preparing a neonatal patient for emergency transfer

The transport medicine environment is challenging. 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 the Embrace team needs to prepare the patient for transport, please consider the following check list before the team arrives.

Documentation and communication

(*as appropriate)

- Be prepared to verbally handover to the Embrace team
- Update the parents on the baby's condition and the plans for transfer
- Photocopies of recent relevant notes, recent investigation results, drug chart, TPN prescription*
- Badger summary or transfer letter with relevant history
- Highlight/document any social concerns*
- Transfer relevant radiology to receiving hospital by PACS (CD or hard copy are alternatives)
- Maternal blood sample (6ml EDTA)- fully labelled with request form
 - First name
 - Last name
 - Date of birth
 - NHS number
 - Date & time of sample
 - Name and signature of person taking sample

Patient preparation

- Use a Neo-Fit device to secure ETT, use a "Push Test" to ensure the tube does not move. Confirm and document position on CXR (T2 ideal for transfer)
- Stabilised on a suitable mode of ventilation
- Recent blood gas and blood glucose *
- Gastric tube in situ and secured*
- Minimum 2 points of IV access, well secured
- If umbilical lines are indicated:
 - Double lumen UVC
 - UVC position checked and documented – not in heart or liver
 - UAC position checked and documented – 'high' (T6-T9) or 'low' (below L3)
- Prepare suitable maintenance fluids, and all other infusions in 50ml fully labelled syringes
- TPN cannot be infused during transfer
- Complete urgent transfusion of blood products and order any anticipated products necessary for transfer.
- Maintain temperature above 36.5 °C (unless therapeutically cooled)
- Follow TOBY guidance for passive therapeutic cooling including rectal temperature monitoring

On arrival, the Embrace team will:

- Introduce themselves, take handover and assess the patient
- Review copies of patient documentation, charts and drug card
- Contact the Embrace Consultant as required
- Ensure patient is prepared for transfer
 - Transport monitoring
 - Check ETT and IV access are correctly positioned and well secured
 - Check all prescriptions, infusions and swap to transport pumps
 - Stabilise on transport ventilator and perform a blood gas
 - Transfer to the transport incubator/baby pod and secure baby and equipment
- Communicate with parents and discuss travel arrangements
- One parent may be able to travel with their baby but mothers must be:
 - Discharged fully from in-patient maternal care
 - At least 24 hours post vaginal delivery
 - At least 72 hours post LSCS
 - Physically able to walk and climb steps into ambulance independently

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

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