

# **Operational Policy Acute Transport of Neonates**

This Policy has been drafted to ensure a consistent approach to the transport of babies between the Regional Units at LGI and SJUH and their base hospital. All transport team members will adopt this Policy when moving a baby to a specialist unit.

## **OBJECTIVES**

An ENB 405 transport team member will:

- Undertake each transfer.
- Contact the ambulance service at the earliest opportunity to book the most appropriate ambulance. (cot bureau will perform this whenever available)
- Correctly use all equipment for each baby transported.
- Promote effective communications with base hospitals and parents.

## **NURSE RESPONSIBILITIES**

### **EQUIPMENT REQUIREMENTS**

- Daily inspection of all equipment related to the transport of neonatal patients as per the 'checklist', situated by the transport incubators. This will be dated and signed as complete.
- Any defects/faults found in the equipment used for the transport of neonatal patients is to be reported promptly to Medical Physics [extension 23492]. Problems can be addressed to any member of the team, but Phil Ward has been heavily involved, and is very familiar with the equipment.
- All equipment is gathered for transport
  - Incubator, monitor & pumps (globetrotter is 1<sup>st</sup> choice)
  - Blue bag
  - Yellow drug bag
  - Fridge drugs
  - Mobile Phone
  - Paperwork
  - Any specific items for individual transports

### **PLANNING OF TRANSFER**

- When a call comes to the cot bureau or neonatal unit, the receiving unit audit form is commenced by the person taking the initial call (can be passed on to other staff if necessary).
- The transport nurse and doctor discuss specific requirements that may be needed.
- The Nurse then makes provision for these.
- Further information is added to the audit form following consultation between the unit Dr. /transport Dr. and referring Dr.

### **AMBULANCE SERVICE**

- The cot bureau will contact the ambulance service (WYMAS, critical care line 01924 834515) to book the most appropriate ambulance
- The call is stated to be an **EMERGENCY** and ambulance is required ASAP. This means within 30 minutes.
- All requested information is given to WYMAS as available.
- A reference number is taken and recorded on baby's biographical detail and audit forms. This can be quoted to WYMAS if queries arise.
- The team must be ready to depart when the ambulance crew arrives.

### **COLLABORATION WITH THE WHOLE NURSING/MEDICAL TEAM**

- The transport nurse will ascertain from the unit co-ordinator if any training team members can accompany the transfer for experience.
- Information regarding the expected condition of the infant is relayed to the nurse in charge of ICU.
- Medical staff are aware who is the transport nurse.
- The acute care plan and audit documentation is commenced (file these in notes at end of transfer & leave a copy in the back of the pending file).

### **AT THE REFERRING HOSPITAL**

- All staff will introduce themselves to staff caring for infant & parents if present.
- Equipment will be plugged in and stored safely prior to its use.
- Infection control procedures will be followed.
- Hand over from referring staff will be taken before touching the baby.
- Infant assessment and subsequent care needs will then be planned involving medical and nursing staff from base hospital as appropriate.
- Document all procedures performed (and by whom) in addition to changes in management.

## MOVING THE INFANT TO THE INCUBATOR

- Preparations for transfer to the incubator can be initiated ONLY following stabilisation of the infant:
  - physiological parameters are satisfactory
  - all tubes and lines are secure
  - monitoring is in place and working
- All transport equipment will be placed as close as possible to the warmer/incubator prior to transport.
- All equipment will remain on mains electricity/gas supply until ready to move.
- All monitoring except saturation will be removed from baby.
- Fluids
  - If feasible, fluid syringes will be transferred to transport pumps before move.
  - If not feasible, essential fluids must be transferred first. Others may wait until the baby is settled.
- Final observations are checked as within acceptable limits before the infant is disconnected from the saturation monitor and the ventilator and moved into the transport incubator.
- Moving the infant involves at least two people. **DO NOT ATTEMPT THIS ALONE !**
- Upon moving the infant
  - connect the ventilation tubing swiftly **1st priority**
  - connect the monitoring equipment **saturation probe 1st**
  - assess air entry and chest movement in conjunction with saturation
  - when the above are acceptable
    - transfer any remaining fluid syringes to the transport pumps
    - position the infant appropriately, allowing good visibility of ventilation tubing, chest, IV sites and drains
    - secure the infant using Velcro straps
    - commence the observation chart on transport care plan.

## LEAVING THE REFERRING HOSPITAL

- Ensure all equipment is gathered together prior to leaving.
- Check all documentation is with infant, i.e. notes, X-rays, scan results, consent forms etc.
- Ensure maternal blood is with infant fully labelled.
- Talk to parents prior to leaving if possible, allowing them to see their baby and touch if they desire.
- Check when they are coming over and that essential contact numbers are available to the transport team.
- Give appropriate leaflets to parents i.e. transport x2, unit x1
- Perform a set of observations before changing from mains electricity and gas to incubator supply.

- When satisfied everything is working correctly thank all involved and leave the unit.
- Notify the receiving unit you are ready to leave with the patient and essential info about infants condition

### **JOURNEY BACK TO LEEDS**

- Attach gas hoses to the ambulance supply. This also includes DC supply for the incubator/ventilator and inverter supply for the monitor.
- Carry out observations ½ hourly.
- **Emergency procedures must be carried out in a stationary ambulance.**
- In the event of an emergency en route the team should attempt to contact the neonatal unit using the mobile phone to appraise them of the situation. Telephone number **0113 3927166**
- On arrival in Leeds a full hand over should be given to the staff caring for the infant **before** the baby has been transferred from the incubator.
- An evaluation of care during transport is then written on the transport care plan and filed in the infants notes.
- Any problems or equipment failures are reported promptly using appropriate forms and alerting necessary staff.