

# **OPERATIONAL POLICY FOR THE TRANSPORT OF NEONATES BACK TO THEIR BASE HOSPITAL - NON ACUTE -**

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 back to its base hospital.

## **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. (this is performed by the cot bureau when available)
- Correctly use all equipment for each baby transported.
- Promote effective communications with base hospitals and parents.

## **NURSE RESPONSIBILITIES**

### **1. PLANNING OF TRANSFER WITH BASE HOSPITAL**

The transport team member liaises daily with the Unit Coordinator at both Leeds units, to ascertain which babies are ready/preparing for return to base hospital. This information is recorded in the Transport Diary (found in the white transport cupboard) on a daily basis.

The transport team member then contacts the nurse in charge at the base hospital [telephone numbers in pink transport file or ask cot bureau staff] and plans transfer:

- When is a bed available?
- How adequate are staffing levels for the baby to return?
- What is the most appropriate time for the return to take place?
- Any specific information or equipment that the base hospital may need?

The form in the "pink transport file" is commenced.

### **2. PARENTS**

- The transfer process is explained at the earliest opportunity, i.e. why we are moving their baby, how the process is carried out and by whom. This is documented in the nursing kardex and on the non acute careplan.

### 3. COLLABORATION WITH THE WHOLE NURSING/MEDICAL TEAM

- Medical transfer letters, written prior to baby's departure, and Nursing transfer letter, again written prior to baby's departure are available.
- Any outpatient appointments accompany the baby, as well as information relevant to the infants care from other medical teams e.g. ophthalmology or Paramedical Agencies, e.g. physiotherapists, dieticians, O.T.s etc.
- **NB remember to return Notes & x-rays**
- Non-acute transport care plan & transport audit documentation is commenced (to be filed in infants notes when transport is finished & a copy left with the completed pending form in the back of the pink transport file).

### 4. 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.

### 5. AMBULANCE SERVICE

- The cot bureau (when available) will contact the ambulance service (WYMAS, critical care line 01924 834515) for booking of the most appropriate ambulance
- This can be booked in advance, but a time must be given when the team will be ready so that the transport occurs without delay.
- A reference number is taken and recorded on baby's biographical details, and the audit form. This can be quoted to WYMAS if queries arise.

### 6. DURING TRANSFER

- In the event of an emergency during the transport the nurse should contact the neonatal unit using the mobile telephone and speak to either the transport lead nurse, sister in charge, SPR or consultant and take advice. Telephone number **0113 3927166**.

### 7. ARRIVAL AT BASE HOSPITAL

- A comprehensive hand-over is given to the nurses receiving the infant into their care.
- Medical and nursing letters are handed to the appropriate staff member.