

Southampton Oxford Neonatal Transport Guideline

Neonatal Cardiac Referral Pathway and UHS to OUH Cardiac Repatriation Pathway

Immediate Dispatch (Time Critical) Cardiac Referral Pathway

1. This section covers the pathway for urgent uplift for immediate dispatch (**time-critical**) cardiac patients (confirmed or strongly suspected) thought to require urgent cardiology intervention (usually balloon septostomy) within the Thames Valley Region (including WPH)
2. SONeT Hub initiates conference call in the following order:

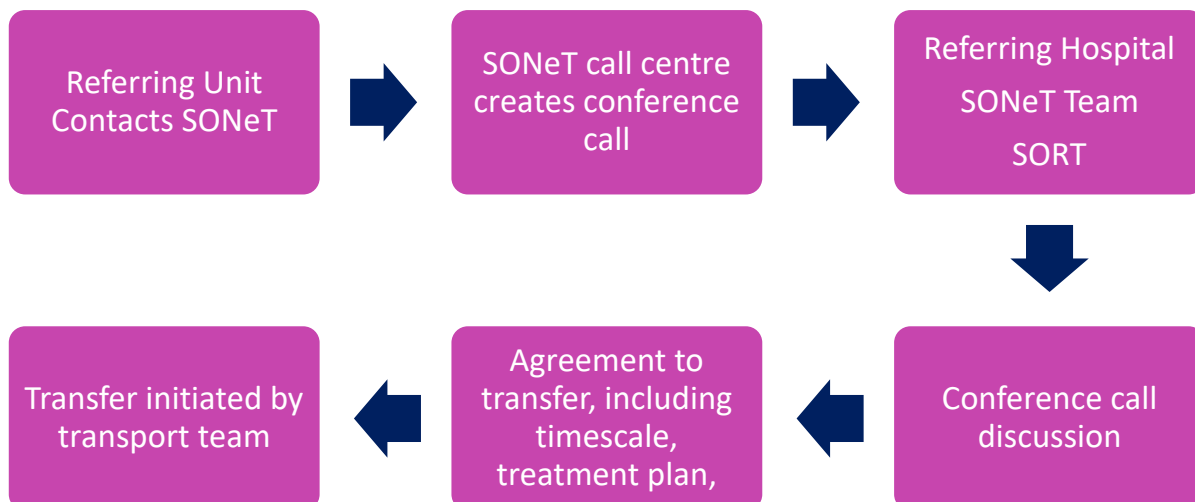
- SONeT Team: Registrar/ANNP, Transport Nurse and Driver
- SONeT Neonatal Consultant
- SORT Team– 24 hour retrieval [023 8077 5502](tel:02380775502) – choose Southampton not Oxford
- Referring Hospital LNU Consultant +/- Registrar

The OUH/UHS Cardiology team DO NOT need to be conferenced into the call as this may increase the length of time the call will take in a time critical situation.

3. Decisions during call
 - Which team will undertake this transfer
 - Planned timescale/urgency of transfer
 - Recommended clinical action for the referring hospital to undertake whilst awaiting transfer team arrival
4. SORT will arrange
 - Destination hospital
 - Cardiology Service (including if cardiology to be mobilized to patient)
 - Theatres (if required)

Version number and changes since last version: V1 V2- Inclusion of Non Immediate Dispatch Pathway and UHS to OUH repat pathway	Authors: Sue Lloyd, Eleri Adams and Katherine Wood Ratified by Neonatal Guideline Group: June 2024 Review date: June 2027
--	---

Southampton Oxford Neonatal Transport Guideline



Non-Immediate Dispatch (Time Critical) Cardiac Referral Pathway

1. This section covers the pathway for non-immediate dispatch (time critical) uplift cardiac patients within the Thames Valley Region.
2. If the patient is in OUH, OUH cardiology team assess the patient (clinical exam and echo) to confirm need for transfer, time frame and management plan prior to transfer.
3. If patient in an LNU then conference call to occur between;
 - a. SOnET Team; Registrar/ANNP, Transport Nurse and Driver
 - b. SOnET Neonatal Consultant
 - c. Referring LNU consultant +/- registrar
 - d. OUH cardiology consultant
4. Decisions during call
 - a. Whether to transfer directly to UHS or back to OUH
 - b. Time frame for transfer
 - c. Management plan prior to transfer
5. If plan is to transfer directly to UHS, then OUH cardiology consultant to discuss directly with UHS cardiology consultant to find location of bed.
6. Once location of bed is confirmed OUH cardiology consultant confirms with SOnET team and SOnET team complete transfer.
7. SOnET team to handover directly to UHS cardiology and UHS NICU/PICU consultant **before** arrival of patient in UHS.

Version number and changes since last version: V1 V2- Inclusion of Non Immediate Dispatch Pathway and UHS to OUH repat pathway	Authors: Sue Lloyd, Eleri Adams and Katherine Wood Ratified by Neonatal Guideline Group: June 2024 Review date: June 2027
--	---

Southampton Oxford Neonatal Transport Guideline

UHS to OUH Cardiac Repatriation Pathway

- 1) This section covers repatriation of complex, post op cardiac patients from UHS who need anything other than DGH care.
- 2) Post operative PDA ligations who have previously been managed in NICU, and other postoperative cardiac care for babies <34 weeks will generally be transferred by SONeT to neonatal services at OUH. Cardiology/PICU/NICU teams in Southampton should discuss these cases directly with SONeT and OUH neonatal team via Sonet Hub (01865 223344).
- 3) All term or near term (34+ weeks PMA) post operative cardiac patients should first be discussed with PICU, to aim for repatriation back to PHDU as PICU have greater experience in managing post operative cardiac patient. Even if the patient is coming from Ocean Ward in UHS the aim would be to repatriate back to PHDU, as Ocean Ward is a specialist cardiac ward, and is not equivalent to the general paediatric ward.
- 4) In order to arrange this discussion, call SORT retrieval phone (023 8077 5502). Teams to be on the conference call;
 - a. Cardiology Oxford
 - b. Cardiology Southampton
 - c. SORT PICU consultant
 - d. SONeT Neonatal consultant (if baby was previously in neonatal care and has not yet been discharged home)
- 5) Any cardiac patient that gets transferred back to Oxford (NICU or PICU) should have a consultant to consultant handover from the UHS cardiology team, to the relevant PICU/ NICU consultant, as well as handover to OUH consultant cardiologist **BEFORE** transfer is accepted.

Version number and changes since last version: V1 V2- Inclusion of Non Immediate Dispatch Pathway and UHS to OUH repat pathway	Authors: Sue Lloyd, Eleri Adams and Katherine Wood Ratified by Neonatal Guideline Group: June 2024 Review date: June 2027
--	---