

<u>Criteria</u>	<u>Checklist</u>	<u>Ensure</u>
⇒ >34+0 weeks + >1.6kg	⇒ Imaging transferred	⇒ Bed kept at referring hospital
⇒ No abnormalities noted	⇒ 2 x Large bore PVL's	⇒ Newborn Care/Tom's bed available + nurse allocated in case of admission/Unplanned referral
⇒ Normal abdominal examination by SONeT	⇒ IV fluids (50ml syringe)	⇒ You have the contrast drugs pack
⇒ Otherwise well	⇒ Large bore NGT on free drainage	⇒ Transport Registrar present for contrast
⇒ In Thames Valley and Wessex region only	⇒ Maternal bloods taken	⇒ ITU trolley (William/Dave) used for transfer
	⇒ IV antibiotics given	
	⇒ Bloods + Gas taken	

Suspected bowel obstruction - General management principles:

- ⇒ Variable presentation – bilious vomiting ± abdominal distension. May present as episodic obstruction or acutely with profound shock as result of volvulus.
- ⇒ Urgent communication with Surgical team and proceed as instructed.
- ⇒ Commence continuous cardiorespiratory and oxygen saturation monitoring.
- ⇒ Provide respiratory support for babies whose condition deteriorates.
- ⇒ Carefully assess patient for signs of hypovolaemia - low threshold for giving normal saline bolus.
- ⇒ Assess pain and initiate analgesic measures as required.

Drive Through Contrast Process:

- Referral process as per “Neonatal Surgical Referral Pathway” in Hub
- Team discussion with Surgical Registrar as to whether a Drive Through Contrast would be appropriate. All teams must agree to ensure the process runs smoothly.
- Collect the patient as an Unplanned Local Immediate (<6 hrs) transfer. SONeT to assess abdomen and patient condition, does Drive Through Contrast remain the correct pathway for this patient?
- As soon as you leave the DGH, contact Hub with patients NHS Number, DOB, Gender, Address and Mothers details to create an MRN (see “Drive Through Contrast – A Ward Clerks Guide”).
- SONeT team to contact 1820 bleep, surgical reg on call via Hub to discuss case and inform them of ETA at John Radcliffe. Surgical Registrar to then liaise with Radiology team and book contrast
- SONeT ambulance to park at back entrance to the Children's Hospital, unload and proceed directly to radiology department (see attached map), where they will meet the Surgical Registrar and Radiologist.
- Once contrast complete, Surgical Registrar to examine baby.
- If satisfied that the baby is well, complete and print EPR notes and inform Referring Consultant and parents of results and plan. SONeT reloads, completes observations and contacts Hub for a planned transfer number for repatriation.
- If the Surgeon has concerns, patient to be transferred by SONeT to the most appropriate location (may be theatres or pre allocated bed in NNU or Tom's).
- Handover from Day/Night team can happen pre or post contrast as needed.

Nurse Only Transfer – Uplift to Contrast must fulfil all below requirements/ and Nurse confident to do so:

- ⇒ No respiratory support (including oxygen)
- ⇒ No blood pressure support required
- ⇒ No abdominal findings of concern on clinical examination (mild abdominal distension with otherwise soft abdomen is acceptable for nurse transfer)
- ⇒ AXR findings are not strongly suggestive of surgical pathology
- ⇒ SONeT Registrar/ANNP to meet team in contrast

Please discuss with SONeT Transport Consultant if there is uncertainty regarding personnel required or there are changes to the baby's condition after the team have dispatched.

Return Transfer:

- ⇒ Complete new set of planned transfer paperwork
- ⇒ Can be nurse only
- ⇒ Can be done at night
- ⇒ Surgical report to be photocopied and maintained in SONeT paperwork and patients notes

If a SONeT Referral is taken during Drive Through:

- ⇒ Hub to inform transport team immediately if an Unplanned referral is taken at any stage.
- ⇒ Patient to be handed over to NBC/Tom's ward for completion of contrast and admission of patient.
- ⇒ Transport equipment to stay with patient during contrast, second ITU trolley to be used for Unplanned transfer.

If they don't meet the Drive Through Contrast criteria, please discuss with surgical team. May be for urgent drive to contrast or admit to unit for assessment.

Keep the SONeT hub informed at all times. Communication with SONeT Consultant, Surgical Colleagues, JR NNU and the referring hospital is of the utmost importance

