

Referring Hospital Checklist for Transport by SOnET Team

To assist the transport team it would be extremely helpful if referring hospitals could consider the following before the team arrives:

Documentation and Parents

Update parents on babies condition and plan for transfer	
Organise maternal transfer (if inpatient and condition allows)	
Identify parents travelling plans	
Identify if parents require accommodation at receiving hospital	
Ensure all parent contact details are correct	
Maternal EDTA blood sample (ITU/Surgical/Cardiac) – the blood sample must be hand written: family name, first name, date of birth, gender, NHS number	
Photocopy all relevant charts (admission details, observation, fluid, TPR, weight, drug and infusion prescriptions, blood and investigation result)	
Updated and print Badgernet Summary Complete transfer of patient on Badgernet	
Ensure all relevant x-rays are able to be accessed to be reviewed and then linked by PACS (CD/hard copies are alternatives)	
Handover information to transport team – relevant history – current status – recent results. Refer to SOnET Clinical Information Transfer forms for information that will be required	

Baby And Personnel Belongings

Ensure baby correctly labelled -2 name bands	
Package baby belongings	
Prepare maternal milk	
Guthrie – check if have been completed.	

Clinical:

ETT secured and position confirmed on x-ray	
Any central access (umbilical arterial line, umbilical venous line, central venous line) secured and position confirmed on x-ray	
ITU: minimum 2 patent IV access	
HDU: minimum 1 patent IV access	
Nasogastric tube in situ and secured (confirmed on x-ray or acid positive pH paper)	
Maintenance fluids/ infusions in 50mls syringes – labelled clearly with concentration of drug and diluent.	
Adequate analgesia and sedation	

Other considerations:

Have details for Accepting Speciality Team – Surgical, Cardiac etc (Consultant/ Registrar and contact details) at receiving hospital - name of ward and sister in charge.	
If NBM - OG/NG appropriate size (gestation dependent) position confirmed on x-ray or acid positive pH paper. Aspirate tube and may need free drainage for transfer	
Reptogle tube if suspected OA/TOF ensure in pouch, on continuous suction and flush to ensure patency every 15 minutes	
Abdominal wall defects – ensure covered with cling film and midline, closely monitor and document colour and perfusion of underlying viscera, if circulation appears to be compromised then defect may need to be redressed and repositioned.	
Ensure all parent contact details are correct: Ensure parents aware the Accepting Speciality Team will need to contact them – and they may need to consent for procedure/operation.	
Preterm infant: consider need for pre transfer cranial ultrasound scan	