

Newborn Care Services Guidelines

SONeT Twin Pod

Aim

Utilisation of a twin pod transport trolley to improve efficiency of repatriations for stable well infants, optimisation of twin transfers or dual singletons, rationalise use of cot capacity and regional transfer team, minimise family separation for twins transferred back to local neonatal units.

SONeT Oxford developed a bespoke twin-pod transport incubator system in conjunction with ParAid Medical, with capability to perform two special care or high dependency transfers. The system became operational in March 2019.

Criteria are to outline where consideration to utilising the twin pod for repatriation should take place if the facilities and skills are available.

Criteria	
Corrected Gestational Age	>30 weeks
Weight	1200 grams
Respiratory Support Requirements	Maximum 10 L (if both requiring HFT). <40% oxygen No significant apnoeas or desaturations
Incubator Temperature	Low set incubator <30.0

SONeT CLINICAL ESCORT FOR DIFFERENT CLINICAL CONSIDERATIONS – for twin pod

Medical Escort is required for the following group of infants:

- Intensive Care babies (BAPM 2011)
- Babies weighing less than 1Kg
- Any baby with confirmed or suspected cardiac problems
- Unstable babies on High Flow Therapy/CPAP Babies with a tracheostomy
- Babies with a nasopharyngeal airway/stent
- Babies requiring observation of seizures/CFM Monitoring
- Babies who are being transferred to a hospital more than 3 hours away
- Twin transfers (two members of staff required)

Nurse only transfers may be undertaken for the following patient group:

- Special Care babies (BAPM 2011)
- Babies on High flow therapy/CPAP that have been stable for > 48hrs
- Stable infants requiring specialist review

Version number and changes since last version: 1.0 Introduction	Authors: Sue Lloyd, Eleri Adams, Steph Dowd Ratified by Neonatal Guideline Group: 18 th December 2023 Review date: December 2026
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Prior to undertaking a nurse only transfer a full history must be undertaken and discussed with the Consultant supervising the transfer. The transport team should mutually agree on an appropriate team configuration. Ensure effective communication with receiving hospital of the combined transfer and they are prepared for 2 admissions.

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