Guideline

Women and Babies: Newborn Care Infant Transport Guidelines

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Summary: The Newborn Family Support Team (NFST) co-ordinates infant transport between RPA Newborn Care and other health facilities. This policy outlines the process to ensure the safe and efficient inter hospital transport of infants.

National Standard:
- Standard 1 Governance for Safety and Quality in Health Care
- Standard 5 Patient Identification and procedure Matching
- Standard 6 Clinical Handover
- Standard 2, Partnering with Consumers

Policy Author: Clinical Nurse Consultant Perinatal Nursing
Newborn Family Support Team

Approved by: Head of Department, RPA Newborn Care
General Manager

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Note: Sydney Local Health District (LHD) and South Western Sydney LHD were established on 1 July 2011, with the dissolution of the former Sydney South West Area Health Service (SSWAHS) in January 2011. The former SSWAHS was established on 1 January 2005 with the amalgamation of the former Central Sydney Area Health Service (CSAHS) and the former South Western Sydney Area Health Service (SWSAHS).

In the interim period between 1 January 2011 and the release of specific LHN policies (dated after 1 January 2011) and SLHD (dated after July 2011), the former SSWAHS, CSAHS and SWSAHS policies are applicable to the LHDs as follows:
Where there is a relevant SSWAHS policy, that policy will apply. Where there is no relevant SSWAHS policy, relevant CSAHS policies will apply to Sydney LHD; and relevant SWSAHS policies will apply to South Western Sydney LHD.

Newborn Care Infant Transport Guidelines

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**Newborn Care Infant Transport Guidelines**

1. **Introduction**
   The Newborn Family Support Team (NFST) coordinates the transport of infants from RPA Newborn Care to other health facilities. The NFST provides expert nursing care to these infants during the transport process. The majority of transports are back-transports where stable infants are transferred to their referral hospitals closer to home making it easier for parents to visit, feed and care for their babies.

   Importantly back transports increase the availability of level 2 beds at RPA for sick and/or preterm babies.

   In addition NFST co-ordinates and carries out the transfer of infants requiring diagnostic tests or specialist appointments at either the Sydney Children’s Hospital (SCH) or Westmead Children’s Hospital (CHW). NFST also organises infant transport via Central District Ambulance (CDA), Air Ambulance, Private aero medical carriers (Wingaway) or commercial flights (QANTAS/Virgin).

   The registered nurses in NFST have been co-ordinating infant transports since 1989 and have a faultless safety record. This is due to the diligence of both the NFST and the Newborn Care team in ensuring that only babies who meet the clinical criteria are considered for transport, regardless of the distance involved.

**The risks addressed by this policy:**

*Clinical risks during transport can be minimised by:*

- assessment of the infant (Newborn Family Support Team / team leader) immediately before transfer to ensure the infant is “fit for travel”
- discussing the infant’s history, progress and transfer details with the receiving health care team
- ensuring an appropriate level of skill so the clinician(s) can provide safe and effective management of the infant during transport
- obtaining parental consent before transfer of the infant
- ensuring correct identification including name bands before infant transfer
- taking appropriate documentation that will ensure seamless management of the infant by the receiving health care team
- providing continuous observation of the infant during transport
- giving an accurate clinical handover to the receiving team on arrival

**The aims / expected outcome of this policy:**

- Safe transfer of the infant with all relevant documentation / request forms and/or medications that will ensure accurate clinical handover and seamless management of the infant.

Compliance with this policy directive is mandatory
2. Policy Statement
This guideline will document the processes required to ensure the safe and efficient transfer of the neonate to another health facility.


3.1 Patient flow Portal
Once the decision has been made to transfer the infant, he/she must be entered by the NFST team leader on the Patient Flow Portal. You will need the infant’s records.

- Go to the intranet Sydney Local Health District (SLHD) home page and select Health Links (right hand menu)
- Double click on the MoH tab and
- Then click on NSW Health Patient Flow Portal – you will be asked to log – use your SSWAHS username and password. Use Blue Square on the left.

3.2 Registered Nurse - skill level
During inter hospital/facility transport all babies are to be accompanied by an appropriately skilled nurse i.e. a registered nurse with previous transport experience in RPA Newborn Care. The RN must have had instruction in the safety procedures related to the transport system.

3.3 Clinical criteria for transport
- Parents have consented
- There should be no documented apnoea / bradycardia during the previous five days
- The infant should be tolerating full enteral feeds with no recent history of large aspirates or vomiting
- The infant should have no episodes of thermal instability or sepsis during previous 5 days
- Ensure haemoglobin, weight gain and gestational age are appropriate for transfer to the designated hospital – see appendix for list of hospitals and admission criteria
- NFST has reviewed history, risk factors, reason for transport and has assessed the infant to be stable for transport
- NFST has the resources to transport the infant safely

### 3.4 Information for Parents

Parents who live outside the SLHD receive the “Infant transfer” letter from NFST on day 4. This letter informs parents that their baby will be back transferred when well enough. The parents are asked to sign the letter to confirm they have understood the content and possible implications. Consult the neonatologist on call if there are any parental concerns. The signed letter is to be filed in the infant’s notes for future reference if required.

- Anticipate when the infant will meet the criteria for back-transport and initiate discussions as appropriate.
- Ensure parents are informed of the expected date of transport—discussions may need to be frequent and reassuring as some parents find this a stressful experience.
- Parents have discussed reasons for transfer and are aware of their infant’s impending transfer.
- Speak with receiving hospital and discuss the history and current management of the infant. Facilitate a parental visit to the referral hospital to meet the staff if appropriate.
- Ensure parents are informed of the expected date of transport—discussions may need to be frequent and reassuring as some parents find this a stressful experience.
- Parents planning to accompany their baby during transfer must be at the hospital at least half an hour before the planned departure time. Note parents cannot always accompany babies on transport when using CDA, Air ambulance or Wingaway.

### 3.5 Receiving hospital - NFST / team leader to:

- Forward contact details of the receiving paediatrician/consultant to the medical officer in Newborn Care so he / she can discuss the infant’s history, progress and family wellbeing before transfer is organised.
- Approval of the receiving paediatrician must be documented in the baby’s medical records before transfer. This documentation should be performed by the medical officer who discussed the infant’s management with the receiving paediatrician.
The staff specialist has agreed to the transport and the fellow/registrar has liaised with receiving paediatrician and same is documented in the infant case history notes (MR 45).

Confirm infant details have been provided and a cot is available at the receiving hospital. This should be established with the NUM or registered nurse/midwife in charge.

Verify the appointment time and any preparation required the day before diagnostic tests or specialist appointments for infants going to SCH or CHW.

3.6 NFST / team leader to confirm the day before transfer that:

- The newborn baby examination is performed and documented in the infant case history notes (MR 45) preferably on the day prior to transport.

- The Medical Discharge Summary is complete and checked as correct by the staff specialist PRIOR to transfer.

- Any outstanding investigations such as Statewide Infant Screening – Hearing (SWISH), Newborn Screening Test (NBST), eye examination, head or other ultrasound, radiography, blood tests etc. have all been done and results reviewed.

- Any concerns regarding the transfer to be discussed with NFST and staff specialist / Fellow on service.

3.7 Nursing preparation and checklist prior to transport:

- Enteral feeds – Negotiate with bedside RN to adjust feed times around expected transfer time. Ideally feed infant one hour prior to scheduled departure. The aim is to avoid feeding during transport and minimise the risk of vomiting. If the infant is on hourly or second hourly feeds then the baby may need feeding during transport – assess on an individual basis. NFST may request that baby has half feed volume rather than full feed volume before departure. Ensure the intra gastric tube is correctly placed and well secured prior to transport.

- Have a feed ready in case you need one during transport or if a feed is due immediately on arrival. Check that the feed is double checked and signed by a second RN.

- EBM - check that any fresh or frozen breast milk is double checked out of the fridge/freezer, packed in cool box with ice bricks/ice ready for transport and double signed on the front page of the Newborn Care Discharge Risk (MR46) form. Refer to protocol - Use and storage of EBM and formula.

- Request parents take most of their EBM home before transfer as the receiving hospital may not have capacity to store EBM. Inform parents all EBM left at RPA will be discarded.
- Medications – some medications may not be readily available at the receiving hospital. Confirm supply at the receiving hospital.

- Baby check must be performed and recorded in the Blue Book, preferably the day before transport.

- Phone hospital on the day of transfer to reconfirm cot.

- Pre warm transport incubator(s) - infant can be dressed in singlet and jumpsuit (avoid overheating).

- Assess clinical well-being of infant prior to transfer and infant identification bands are in place.

- Notify the receiving hospital prior to departure.

- Inform parents before departure as some parents may like to meet their infant on arrival at the receiving hospital.

- **NFST to confirm:**
  - Resuscitation Box is stocked
  - Mobile phone is fully charged – in case of emergency ring triple zero” (that is any serious deterioration in the infant’s condition)
  - O₂ cylinders are at least half full depending on duration of transport.
  - Ensure O₂ cylinders in the bus are full and the suction is working.

- Confirm all transfer information including appointments and screening tests have been performed and recorded in the Newborn Care Discharge Risk (MR46) form and Personal Health Record (Blue Book).

- CD copy of all radiology/ultrasound performed at RPAH should accompany the baby on transfer to the receiving hospital. To arrange this contact X-Ray on 57445 and give infant MRN and request all radiology results and reports be downloaded onto a CD then collect.

- Case History notes (MR 45) must be completed with a nursing entry including time / date of transfer.

### 3.8 Documentation and Appointments

#### 3.8.1 Bedside Documentation

- The NFST team is to complete the **NFST transport observation sheet** and place at the baby’s bedside.

- Request the nurse caring for the baby complete the Nursing Transfer letter.

- Once transport is completed, the original stays with receiving hospital and the duplicate is returned to RPAH ward clerk for filing in the baby’s medical record.
The Personal Health Record (Blue Book) - ensure the newborn examination is completed and relevant information such as newborn screening tests and immunisations are entered in the birth newborn section is completed. The discharge information at bottom in birth/newborn section is to be completed by the receiving hospital so do not tear out ANY pages prior to transfer (birth details/neonatal information/newborn check immunisations).

Ensure all prescriptions are filled the day prior to discharge

It is the responsibility of the nurse discharging the infant to ensure all EBM is sent with the infant at the time of transfer to another facility or discharge home. It must be checked with a second nurse. Both nurses must sign & print their name on the Newborn Care Discharge Risk Form (MR46/5) – see protocol Use and Storage of Expressed Breast Milk & Infant Formula

Confirm parents have contact details for NFST and referral hospital.

3.8.2 Additional Documentation

The medical discharge summary and/or referral letter must be generated preferably the day prior to transfer and then approved by the Neonatologist.

Print six copies - one for the parents (place in Blue Book), one for the receiving paediatrician, one for the family GP, one for baby’s medical record, one for the Early Childhood Centre and one for the RPA staff specialist (place the latter four copies in the infant’s notes for the ward clerk to file.

Enter information in the admission book (NICU desk) and in Case History Notes (MR45)

Collect all records and leave with ward clerk at NICU desk

3.8.3 Follow up Appointments

Family GP details to be filled in on the Admission Summary Sheet (MR1)

If parents do not have a GP suggest they speak with neighbours / friends to recommend a local GP

If parents live in the local area a list of shared care GPs is available on intranet site. Search the SLHD intranet Service Directories / EZ GP Listing – http://intranet.sswahs.nsw.gov.au/SSWAHS/CGDP/

Silver Star babies (long term developmental follow up)
These infants will have scheduled appointments for physiotherapy, eye checks and developmental follow up. Appointments are made with the Follow up Coordinator (ext 56141 / 80655) and an appointment card is placed in the front of the Blue Book.

Silver Star Criteria
- <30 weeks gestation
- Preterm infants whose birth weight is <3rd percentile
- Hypoxic-ischaemic encephalopathy (grade 2-3)
• Chronic neonatal lung disease
• Others eg babies of neurological concern

- All appointments excluding Silver Star appointments are made through the department administration assistant ext: 58760 and an appointment card given to the parents/carers.
- All appointments must be documented in Newborn Care Discharge Risk (MR46) form.

3.9 Modes of Transport

- A registered nurse or medical officer must be available to continually observe the infant during transport.
- This requires a RPAH transport driver or second clinician with current approval to drive the SLHD car/bus.

3.9.1 Transport NFST Car or NFST Bus in a baby capsule/restraint

- This mode of transport can be used if
  - The infant is well
  - The temperature is stable
  - Current weight is over 1.8kg
  - The infant can be safely transported using the baby capsule/restraint
  - SpO₂ is used to monitor the infant’s cardio respiratory status and oxygenation

3.9.2 Transport NFST Bus and Transport Incubator

This mode of transfer is preferred if the destination is more than 2-3 hours travel time OR

If the infant:
  - Weighs less than 1.8kg
  - Is currently nursed in an incubator, has recently come out of an incubator or may require additional warmth as decided by the transfer nurse.
  - Has a chronic low oxygen requirement
  - Requires routine close visual observation

3.9.3 Fixed wing

This mode of transport is utilised if the journey is more than 3 - 4 hours in duration by road

Transport Aero-Medical Flight (Air Ambulance Mascot Domestic airport,)

- RPAPH Transport Coordinators (extension 58560) have stated that Air Ambulance must be the first option for medical flight.
- Air Ambulance use CDA ambulance to transfer baby from RPA to Air Ambulance base. Only one parent can accompany baby in transport.
- NFST or RPA Newborn Care nurse (see section 3.1) will accompany the baby and take the usual equipment for transport as well as cab charge voucher to be arranged by NFST from RPA Transport Department the day prior to planned transfer

Compliance with this policy directive is mandatory
If Air Ambulance is unavailable then WingaWay can be sourced as second option.

**Wingaway (Bankstown Airport)**
- WingaWay provide their own transport AND midwife to collect baby from RPA who will accompany the baby for the entire journey to the referral hospital. Only one parent can go with the baby in flight.

**Commercial flight**
- On the rare occasion a commercial airline is used to transfer the infant to a hospital closer to home, the baby will require referral to the local health care services as an inpatient prior to transfer. This is particularly the case for babies being transferred interstate.
- In this latter situation RPAH pays for escorting nurse’s return flight whilst parents pay for their own one way flight.
- Fixed wing travel often occurs in the early hours of the morning so one night duty staff member will be required to go from the nursery with the baby.
- If transfer involves twins then please negotiate with NFST as a member of the NFST team may be available to assist as CDA will send TWO ambulances to transport twins.

### 3.9.4 Neonatal paediatric Emergency Transport Service (NETS) transfers

At times of high activity NETS may be used as an option for back transport (trial service). Other options include use of NETS for back transfers when infants are receiving oxygen therapy, palliative care or inter hospital transfer for investigations – see the link below for more detail. You must be registered with NETS to access this information.


Current hours of availability are 07:30 to 18:00 6 days a week (Monday to Saturday).

### 3.10 After Hours Transfer

If it is necessary to transport an infant to another facility out of hours e.g; usually SCH or CHW then the baby must be escorted and continually observed/monitored by a skilled experienced RN or medical officer – see section 3.8 – Modes of Transport.

#### 3.10.1 How to contact NFST:

The ONLY telephone in Newborn Care that will connect you to the diverted NFST mobile is the phone on the desk at the back wall - near the central monitoring screens with extension 55420.

Telephone 9515 6436 - this number will divert to the NFST mobile phone

### 3.11 Booking transport

#### 3.11.1 Monday to Friday
- RPAH Transport Department is located on Level 4 in RPAH near the gym. Hours of operation are 07:30am – 22:00pm Monday to Friday, telephone 9515 8560.
Drivers are rostered on for both morning and afternoon shifts. Therefore there is always a SLHD approved driver on duty from 07:30am to 22:00pm Monday – Friday.

3.11.2 Weekends

- On weekends the coordinators operate out of Camden- Campbelltown Hospital. The contact phone number is 4654 6428 or 4654 6430 and Fax number 4654 6433.
- On weekends there is only one driver at any one time and the driver is available from 07:30am until 22:00pm however their services are in high demand.
- Ring the transport department as early as possible to book a baby transport but be aware they may be unable to accommodate.
- Hospital transport will not do emergency transports ie if the baby is unwell. It will be safer and more appropriate to book CDA or NETS. This must be discussed with the neonatologist on call and registrar /fellow on duty.

3.11.3 Book transport (online) via eMR PowerChart:

- Click on the baby’s name
- Click on “Add” in Orders
- Icons at top of page depict a: house; star; small arrow; folder.
- To book a road transport (whether using hospital newborn care bus or using transport driver for NFST car) click on the star icon and then click on hospital ambulance.
- To book a medical flight click on the folder icon and scroll down to patient transport, click on “patient transport” and then click on “medical flight”
- Always phone RPA transport on extension 58560 and confirm they received the booking.
- On weekends do same as above except phone transport (02) 4654 6428 / 6430 to confirm the booking. On weekends drivers are on-call and may have other jobs so it is essential to phone transport as well as do online booking to confirm driver is coming in to do the transfer.

3.11.4 Additional paperwork to book a medical flight

- Fill out an S1 (internal requisition order) and ask HOD, CNC / NUM to sign it
- Walk S1 over to RPAH Executive Unit on Level 11 KGV building for signing by an RPAH executive. You will have to wait until the Executive Unit secretary locates someone to sign it.
- The Executive Unit secretary will then take a copy for their records.
- You will then need to walk it over to the RPAH Transport department on Level 4 main building. They will take the top white copy and give you back the S1 book.
- Book the flight online on eMR PowerChart.
- Weekends contact NARMU who will arrange for you to have the S1 authorised out of hours by the executive so flight can be organised.
4. Performance Measures

All infants are transferred in a safe and timely manner with no ill effects.

The referral hospital is provided with the necessary documentation, medications and information to ensure continuity of care.

5. References and links

NSW Health PD2010_031. Children and Adolescents - Inter-Facility Transfers.

Newborn and paediatric Emergency Transport Service (NETS) NSW.