

NCCU CLINICAL GUIDELINES  
SECTION: 19

TRANSFER AND DISCHARGE

Section 19: Transfer & Discharge  
Back transfer by flight of preterm infants < 35weeks gestation at birth  
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Neonatology Clinical Guidelines  
King Edward Memorial/Princess Margaret Hospitals  
Perth Western Australia  
Authorisation & review by  
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## BACK TRANSFER BY FLIGHT OF PRETERM INFANTS < 35WEEKS GESTATION AT BIRTH.

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Preterm infants born at less than 35 weeks gestation are at risk of hypoxia in flight. This cannot be predicted from the infant's clinical history nor can it be predicted from the hypoxia challenge test. For preflight testing of infants, the hypoxia challenge test should not be used to determine need for oxygen in flight or safety to fly without oxygen in this group of patients.

All preterm infants less than 35 weeks gestation at birth who are going to be transferred to another hospital from KEMH or PMH and travelling by plane will need a nurse escort to ascertain if oxygen in-flight is necessary. The nurse will carry a travel pack approved for use on a plane. This contains a lightweight cylinder, low flow regulator, oxygen tubing and oximeter. **For Qantas flights a 'medical oxygen cylinder approval form' to be completed and emailed to [dg@qantas.com.au](mailto:dg@qantas.com.au). Form to be carried at all times by nurse escort.** <W:\Neonatology\PMKE\NCCU Shared\NCCU Guidelines\NCCU Clinical Guidelines\Section19 Discharge &Transfer\Transfer &Discharge policiefrom2006\Medical Oxygen Cylinders Approval RNfrom the NCCU atKEMHTPA.pdf>

In those infants who may need to fly before they are 3 months corrected gestational age (ie. Hospital appointments), and will be unaccompanied by a nurse escort, staff will need to educate parents about the potential need for oxygen and how to use the travel pack oxygen.

### MANAGEMENT OF THE INFANT ON THE FLIGHT

- Attach oximeter.
- Record observations of the infant every 15 minutes.
- If oxygen saturations fall below 85% for 2 minutes, or less than 75% for any duration, commence oxygen at 125mLs/min and titrate oxygen to keep oxygen saturations over 90%.
- Record observations of the infant's behaviour, heart rate, and colour at the time oxygen was started.
- Use the standard NETS transport observation sheet.

### AFTER FLIGHT

- For infants who **do not** require oxygen on the flight, monitoring on subsequent flights is not required.
- For infants who **do** need oxygen on the flight and will be returning to Perth by plane before they are 3 months corrected gestational age, the nurse escort will teach parents how to obtain and use the equipment. This should occur as part of the discharge planning procedure and be reinforced during the flight and on arrival at their destination.
- On return to Perth the nurse escort will hand in all records of the flight observations to the CNC/Nurse Manager.

## **FOR RETURN FLIGHTS**

The CNC/Discharge Coordinator will liaise with medical staff to order **Travel Pack Oxygen** through BOC and sign aircraft fitness to fly certificates. It would be helpful to liaise with the patient's GP/local paediatrician. The parents in most circumstances will collect the oxygen from the BOC depot in their town and administer oxygen on the flight without a nurse escort. The flow rate of oxygen will be the level the infant required on the discharge flight.

## **ARRANGING BOC HIRE OF TRAVEL PACKS**

BOC telephone is 13 12 62 to locate nearest BOC depot and check ordering procedures, and for long flights if refilling of cylinder in Perth for return journey required.

To arrange hire of the Travel Pack Oxygen a fax needs to be sent to BOC on 1800 624149

[BOCGasesProformaTemplate.pdf](#)