



## CLINICAL PRACTICE GUIDELINE

Guideline coverage includes NICU KEMH, NICU PCH and NETS WA

# Transport of Neonates within the Nursery and within the Hospital

This document should be read in conjunction with the [Disclaimer](#)

All infants that are transported **within** the nursery or **within** the hospital will be transported in a manner that meets the infant's safety and monitoring requirements.

- Parents are to be informed of the infant's movement between nursery areas or to other hospital departments **before** the event.
- All infants are to be transported in an open cot, incubator or pram with appropriate clothing and covers.
- All infants should be transported between departments with a portable oximeter insitu and a self-inflating bag and mask available.
- Infants that require continuous monitoring are to be transported with portable monitoring in situ for the duration of the transport/ transfer.
- Infants that require mechanical ventilation during transport (where it is not practical to use a ventilator) are to receive T-piece ventilation (Neopuff) or hand bagging at a rate similar to the ventilator for the duration of the transport.
- Infants that require continuous CPAP are to receive CPAP (connected to a C size oxygen and air cylinders) set at the same flow rate and FiO<sub>2</sub> as their fixed CPAP for the duration of the transport.

## Documentation and Communication

Transferring infants between areas/treating teams in SCN KEMH - To be completed prior to transfer.

At 0800 each morning the SCN3 Consultant will identify any suitable/likely infants that can be transferred out of SCN3 (i.e. to SCN2/HDU/2W) and inform the SCN3 Coordinator.

Following this:

1. A detailed medical **Transfer Summary** will be written in the progress notes (MR420) of the identified infants to include:
  - A relevant comprehensive summary of Situation, Observations, Background, Assessment and Recommendations (iSoBAR) - see box below.
  - The destination of infant.
2. The Problem List MR485.03 and Flow Chart MR485.02 must be up to date.
3. The infant should have a complete review of all relevant charts and a full physical examination if one has not been completed in last 48 hours (either a Weekly Check MR485.02 or a Discharge Check on the MR410).

4. A member of the medical team will then contact a member of the receiving medical team and after conducting a full verbal handover will document under the Transfer Summary:
  - "Infant 'A' handed over to Dr 'B', and then sign/print/designation.
5. No infant will be transferred to another location until these steps are undertaken.

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