

Title:	Nurse-led Elective Transfers		
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Booking an elective transfer

A decision is to be made on a case by case basis as to whether a baby is suitable for transfer so please ensure that any relevant history and the current clinical condition of the baby is documented on the referral sheet.

Before booking an elective transfer please check the elective diary and ensure that there is a nurse and a paramedic on duty for that shift and that there is a definite availability for the requested day.

If transfers are ALL **very** local jobs then a max of 3 transfers can be booked for the day.

2 transfers max can be booked if they are across London transfers and

1 transfer if outside London/long distance.

Please ensure the referral unit is reminded /made aware of our EBM and 'accompanying parent' guidelines pre transfer

Infection

Please ensure any infection/barrier nursing issues are written on the referral sheet so as transfers can be structured appropriately. Check that the receiving teams are aware of these infections pre transfer.

Please ensure Inter Health Infection Control information forms involving NCNEL networks have been completed.

Babies suitable for nurse led transfers:

- Stable special care babies self ventilating in air or on Low flow O2
- Stable high dependency babies in < 40% FiO2 on NCPAP for a minimum of 48hrs

If the baby is on biphasic or high flow O2 therapy they will need to be transferred to NCPAP pre transfer with accompanying pre transfer gas

- Babies intubated specifically for elective surgery and then subsequently extubated post operatively can be transferred once clinically stable and SVIA for 24 hrs
- Stable baby with PIVC or LL infusing clear fluids
- Stable baby requiring an outpatient appointment

No NCPAP babies for wait and return journeys unless confirmed access to gas supply

Babies must be:

- >1kg
- >27wks corrected gestational age
- Extubated for at least 24hrs if SVIA

- Extubated for at least 48hrs if still requiring NCPAP
- **Clinically stable for last 24 or 48 hrs** = No significant increase in FiO₂ requirement, no significant apnoea's, bradycardia or desaturation. The baby has not required mask ventilation.
- Baby needs to be <5 kg and < 60cm in length in order to fit into the transport incubator.

Babies not suitable for nurse led elective transfer

- Intubated babies
- Baby with tracheostomy
- Baby with a chest drain, UAC, UVC or IA line insitu
- Babies receiving morphine, inotropes or prostin
- Babies receiving blood products
- Babies with repleg tubes or TAT tubes(trans anastamotic tubes)
- Most babies requiring transfer for escalation of care e.g. a baby with an acute medical, surgical, cardiac or neurological condition would be transferred by a DR led team however there will be cases where a nurse led transfer may be appropriate following discussion at lead nurse and consultant level.

Vital observations during transfer

- For stable special care babies vital observations should be done every 30 mins with a baseline blood pressure
- For stable high dependency babies or babies on NCPAP, vital observations should be done every 15 mins
- Blood gas to be done within 6 hrs pre transfer if baby is on NCPAP

IV access and IV fluids

- If baby is on 1hrly feeds –request 1x working PIVC and IV fluids for transfer
- If baby is on 2 hrly feeds-consider requesting 1x working PIVC and IV fluids depending on length of journey
- 3-4hrly feeds –consider length of journey

A baseline check of blood glucose level should be done within 6hrs pre transfer for:

- a baby on IV fluids
- 1-2hrly feeds
- long journey times

Consider 2nd IV access for long distance journeys especially for babies on 1hrly feeds

GI

- Empty the stomach pre transfer to minimize the risk of aspiration

- If no aspirate or PH >5.5, check the measurement for the tube position is correct and consider repositioning baby.
- Replace tube if warranted or record and report findings to receiving team if no aspirate obtained.
- If baby has significant reflux consider elevation for transfer

Accompanying parents

- Please see specific guidelines

Transport of breast milk

- Team can transport 48hrs worth of milk. Please see specific guidelines

Transport of belongings

- 1x bag that can be secured in the vehicle

Delays

If there is an unexpected delay during transfer

- check air and O2 cylinders if baby is on O2 support
- If no IV access and baby is post feed time, consider checking blood glucose and stopping to give a feed, check blood glucose at receiving hospital

Ensure there are always the following on the ambulance pre transfer

- 2x NCPAP generators
- 1x small, 1x large LF O2 tubing
- 1x appropriate bottle of EBM/formula
- 1x glucometer

In an Emergency

If there is a deterioration in the baby's respiratory condition, contact the on call consultant. Consider putting the baby on low flow or NCPAP

If baby becomes apnoeic or has a respiratory arrest:

- Follow the NLS guideline for airway management and if necessary divert to nearest A&E

Blue light driving

- Please see LAS guidelines