NTS Clinical Guideline

Title:	Stabilisation and Preparation for Transfer		
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1. Why stabilise?

- Unwell infants can easily deteriorate during transfer
- All procedures are harder in the back of an ambulance compared with a neonatal unit
- Infants who have been properly stabilised complete the transfer in a better condition
- Adverse events are minimised by good stabilisation practice

2. Criteria for transferring

- Will infant benefit from transfer?
- Is the cot allocated appropriate to infant's needs?
- If survival unlikely, weigh up consequences of transfer
- Discuss with consultant
- Work to stabilise an unstable baby before moving
- Does transfer align with network pathway?

3. Care prior to transfer – *involve the consultant at any point if necessary*

- Take a thorough handover from the local team
- Thorough clinical examination
- Make a plan of action with the team and allocate tasks
- Achieve and maintain normothermia (see thermoregulation guidelines)
- Consider pain relief and comfort
- Check and secure airway
- Review ventilation (see ventilation/surfactant guideline)
- Establish 2 points of venous access and a point of arterial access if needed. Leave some cord if unsuccessful
- Review the hemodynamic stability
- Pass nasogastric tube if needed and check its position on the CXR
- Change the nappy if needed (UO, stool aspect)
- Monitoring (see below)
- Review and prioritise the drugs and fluid prescriptions
- Review and prioritise the blood product transfusions
- Document all findings and interventions
- Review the paperwork (see below)
- Communication (see below)
- Check equipment (see below)

3.1 Monitoring

- End Tidal CO2 if ventilated
- ECG leads
- SaO2 probe (pre- and post-ductal if PPHN)
- BP cuff/ BP transducer if arterial line
- Skin temperature probe
- Rectal temperature probe if therapeutic hypothermia

3.2 Paperwork – *should include*

- Name bands – 2, attached to the baby
- Discharge summary – 2 copies
    - check demographics
    - check maternal/ family history
    - check patient's data
- Observations chart - copy
- Fluids chart - copy
- Transfusion chart - copy
- Blood spot or copy of the neonatal sceening chart
- XRays, ultrasounds – CD or link via PACS
- Investigation results
- Blood gases chart – copy

3.3 Communication

- Update the Consultant before departure
- Parents
    - Show the baby to the mother if she has not seen him/her and if it is safe
    - Explain the transfer process (parent leaflet)
    - Describe the interventions undertaken
    - Provide with the receiving hospital address/phone number (information booklet)
    - Invite one of them to accompany the baby during transfer
- Inform the receiving unit about:
    - The estimated time of arrival
    - The baby's condition – *warn if the baby is being transported in a critical or imperfectly stabilised condition, or if emergency procedures will be needed soon after arrival*
- Inform EBS
- Thank the local team for their help

3.4 Equipment

- Plug transport incubator into mains supply on arrival
- Switch off oxygen and air cylinders, use 'wall gases'
- Conserve transport rig gas and power supplies where possible
- Check battery supply
- Check oxygen and air supply before leaving the unit
- Remember to take all your equipment with you before leaving

4. Before moving baby into transport incubator

- Identify if baby is safe to transfer
- Calculate likely gas consumption incorporating potential delays
- Oxygen cylinder turned on, check ventilator functioning
- Check baby again after transfer into transport incubator

5. At point of leaving referring unit

- Switch on transport rig gas supplies
- Unplug from walled gas and power supply

6. Don't prolong your stay unnecessarily

- Try to work within the time frame established with the team on arrival
- Set a provisional time for departure
- For any unforeseen delays review the situation and the priorities and reset the clock

Degree of stabilisation required on transfers

Interventions required on a transfer will vary and depend on the clinical condition of the baby and the location of the baby. The aim is to stabilise the baby and achieve the optimal condition whilst recognising the limitations of the transport setting and the underlying condition(s).

The choice of interventions pre-transfer require an assessment of the risks of delay vs the benefits of the procedure eg central line insertion, waiting for blood products, x-rays etc.