NTS NEONATAL TRANSFER SERVICE LONDON

Title:	**Elective Service Referral Taking Guideline**		
Authored by:	J Stockwell, R Hopewell, Z Rania	Approved date:	01/05/21
Reviewed by:	L Kelly, N Ratnavel, F Barker, S Mohinuddin	Review date:	01/05/22
Scope	For use within London Neonatal Transfer Service		
Applies to	All London NTS staff		
Related Documents	N/A		

1. INTRODUCTION/PURPOSE OF THE GUIDELINE

To support all London NTS staff in the taking of accurate referrals for the elective transfer service ensuring all information is gathered and the transfer process is carried out in an efficient and effective way. By gathering the correct information at the time of referral the risk of accepting transfers that are not within the elective team remit is reduced and the referral units will receive consistent and accurate information at all times.

2. IMPLEMENTATION

This guideline will be disseminated to all team members as part of the general induction pack. It will be included in the elective transfer resource diary and added to the London NTS website guidelines. Storage of guideline will be electronic in the Q drive and MS Teams.

3. ROLES AND RESPONSIBILITIES.

All staff will follow these guidelines when taking a referral for the elective service ensuring that the same high standards are maintained for all referrals.

4. GUIDELINE

4.1. A decision on the suitability for transfer is made with each case that is referred. Please ensure that any relevant history and the current clinical condition are documented on the referral sheet and have been reviewed by a clinical member of staff.

4.2. **Babies suitable for nurse led transfers:**

- Patients returning to a London Hospital or if out of area mother was booked for delivery at a London Hospital - if not refer to relevant transfer team.
- Special care patients self-ventilating in air or on low flow oxygen for minimum of 24hrs.
- High dependency patients in <40%FiO2 on NCPAP or high flow for a minimum of 48hrs.
- Weight > 1Kg
- Age > 27 weeks corrected gestational age
- 27 - 30 weeks corrected gestational age > 48 hours old
- Within 24hrs of referral – there must have been no significant increase in oxygen requirement or respiratory support. No significant apnoeas, bradycardias or desaturations that have required intervention.

- <5Kg and <60cm in length in order to safely fit into the incubator
- PIVC, LL or Hickmann lines with maintenance fluids.
- Outpatient appointment - <u>No NCPAP or high flow baby for wait and return journeys unless confirmed access to gas supply.</u>

Babies not suitable for nurse led transfers:

- Any of the following in situ: ETT, tracheostomy, chest drain, central lines (except long line or Hickmann lines), PAL, replogle tubes or TAT
- Receiving any infusions (Including blood products) other than maintenance fluids
- Referrals fulfilling the emergency criteria. However there may be cases where a nurse led transfer will be appropriate following discussion with lead nurse/Consultant.
- Not clinically stable as determined during review by duty consultant/lead nurse.

Taking the referral:

- Take baby's name and allocate an NTS reference number. All enquires also need a NTS reference number even if unsuitable for elective transfer.
- Enquire if transfer is being requested for on the day of referral, if this cannot be done offer one of the following:
  - Book for potential transfer within the next 48 hours or no booking and log as an enquiry.
- Check the following - baby falls within remit of the NTS transfer service, baby is ready for transfer, paperwork complete, bed at receiving unit available, medical handover complete.
- Accept referral for clinical triage by a nurse or doctor
- If no nurse or doctor available at that time, inform referring unit that they will be called back for further clinical information. Ensure to tell the referring unit that the transfer will not be accepted until a full triage has taken place.
- Once referral sheet completed, add to referral log, elective list and place sheet in numerical order in elective diary.
- If team available update them of accepted transfer at first opportunity
- If accepted transfer is for another day then inform referring unit they will be called on day of transfer for an update of the baby's condition, bed confirmation and to check any requested changes have been carried out.
- Referring units will be contacted between 07:00-08:00 to confirm the baby ready and receiving cot available.
- If referring unit unable to confirm the above then the team are to move straight on to next accepted transfer in the queue. The team will not wait for call backs or defer other accepted transfers in the queue.
- Each accepted transfer is allocated a 48 hour window for the transfer to happen. The referring unit gets contacted twice over a 48 hour period. If the bed is not available or the baby's status changes during those 48 hours, NTS reserve the right to cancel the transfer. The unit will then need to re-refer the baby once issues have been resolved.
- If NTS is unable to carry out the transfer due to operational issues then the 48 hour window can be extended in discussion with the Duty consultant or Lead Nurse.

- All discussions are to be documented including the names of staff.
- If there are no accepted transfers for that shift, the elective team nurse should contact all level 3 units to inform the nurse in charge that the team is available for any elective transfers they may have that day. Calls to be documented on proforma in elective diary.
- Please see appendix 1 for a concise flow chart

Shift Planning

Before leaving base please consider the geographical position of the referrals made and whether the patients could be grouped in such a way as to maximise the elective shift time. This may result in transfers being conducted in a different sequence to the time the referrals were made. Once the day's work has been planned please inform the units accordingly. Please see the guide below for aid of planning.

- 3 local transfers (within same area and close to each other)
- 2 transfers within London
- 1 wait and return appointment
- 1 Long distance transfer (see separate guidelines)

5. BREACH OF GUIDELINES/POLICIES

If it is felt the guideline needs to be breached it should be discussed and agreed with the duty consultant and lead nurse.

If the guideline is found to have been breached without discussion with either the duty consultant and/or lead nurse, this will be explored.

6. MONITORING COMPLIANCE

Monitoring of compliance will be carried out at the monthly elective case discussion meetings and at the monthly clinical governance meetings. Overall responsibility will be held by the Lead nurse and Lead consultant for the service.

References

No references provided as this is an operational guideline so none appropriate.

Appendix 1: Elective Referral process