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## 1. Introduction and who this guideline applies to:

Infants on the neonatal unit are transported intra hospital for a number of reasons:

- Acutely to NNU from delivery suite, postnatal ward, maternity reception, or A&E
- From NNU to main operating theatres for surgery.
- From NNU to radiology, or other departments, for investigations to be performed.
- From NNU to PICU, or children's ward, for on-going care.

Most transfers run smoothly, however things can go wrong. Being organised, ensuring adequate forward planning, good communication and appropriate (checking and working) equipment can help to avoid most problems.

The aim of this guideline is to provide a standard to ensure the safe transportation of all babies to or from NNU during intra-hospital transfers, within the UHL.

This guideline is aimed at all Health care professionals involved in the care of infants within the Neonatal Service.

## Key Points

1. Infants requiring intra-hospital transfer must be transferred by appropriately trained personnel, using the appropriate equipment, and appropriately monitored.
2. All equipment used for the transfers should be clean and checked daily as well as prior to the transfer, as allocated by the nurse in charge.

## **2. Requirements for transferring neonates intra hospital**

### **2.1 Staff**

- Only Registered Nurses (employed by NNU) who are qualified in speciality and are NLS providers should be transferring babies.
- Where a doctor or ANNP is required to accompany the infant on transfer it is advisable that an appropriate competent person accompany the baby.

### **2.2 Equipment**

- As a general rule, all infants requiring intra-hospital transfer should be moved in an internal transport incubator system.
- Internal transport incubator systems must be checked daily, cleaned and restocked after each use and deep cleaned once a week.
- Where it is deemed inappropriate to use an internal incubator system (e.g. infant size) then a bassinet / cot / pram may have to be used. In this instance a portable monitor and suction system would need to be taken on the transfer.
- An NNU Emergency equipment bag must be taken on all intra hospital transfers as this provides any required resuscitation equipment. The bag used must be sealed and signed to indicate it has been checked and is complete.

## **3. Process / procedure**

**The nurse in charge must be made aware of any intra-hospital transfers.**

### **3.1 Acute transfers to NNU from delivery suite, postnatal ward, maternity reception or A&E**

- An appropriately trained nurse (as defined above) should be allocated to undertake any acute, into NNU intra hospital transfers.
- The nurse should check the internal transport incubator system and ensure its cylinders have adequate amounts of oxygen and air.
- The nurse should ensure that they have sealed, and signed, NNU Emergency equipment bag.

### **3.2 Transfers from NNU to theatres, radiology or other departments.**

- An appropriately trained nurse (as defined in staff section) should be allocated to undertake the required intra hospital transfer.
- **Infant's parents must be made aware of transfer plan.**
- If the infant requires respiratory support (e.g. ventilation / CPAP) then a doctor or ANNP (as defined in staff section) needs to accompany the infant.
- The nurse should liaise with the relevant department, personnel and porters with regard to timings and logistics.
- The nurse should check the internal transport incubator system and ensure its cylinders have adequate amounts of Oxygen and Air in them.
- The nurse should ensure that they have a sealed, and signed, NNU Emergency equipment bag.
- The infant needs to be transferred into the transport system well in advance of the planned departure time, in order to ensure adequate time to stabilize infant in transport system (especially if infant on respiratory support)
- **Any infant being transferred out of NNU must have two name bands on.**
- Infants need to be appropriately monitored (minimum parameters: heart rate, respiratory rate, SaO<sub>2</sub> and temperature).

- Fluids need to be given via syringe driver and any TPN needs to be changed to Dextrose.
- All documentation (including notes, x-rays, request forms and consent forms) must accompany infant.
- Any additional items required (e.g. medications, spare fluids, central lines) need to be sourced and sent with infant.
- **Parents should be offered the choice to accompany their infant.**
- The neonatal transfer record form needs to be completed (prior to, during and post transfer) then filed in the patient notes. An entry also needs to be made in the infant's notes with regard to condition during transfer.
- Following completion of transfer it is the nurse's responsibility to ensure the transport system is cleaned (and restocked) and, if used, the NNU Emergency equipment bag is restocked (as per checklist) and resealed.

#### **4. Education and Training**

None

#### **5. Audit standards**

- The neonatal unit internal transport incubator systems should be checked daily (100%)
- Infants must be transferred by appropriately trained nurses (as defined in staff section) (100%)
- The neonatal transfer record will be completed for all intra hospital transfer (100%)
- An appropriately competent person must always accompany if the infant needs respiratory support. (100%)

#### **6. Supporting References**

- Barry P & Leslie A (2003) Paediatric and Neonatal Critical Care Transport. BMJ books
- CESDI (2003) Project 27/28. An Enquiry in to the quality of care and its effect on the survival of babies born at 27 – 28 weeks. Executive Summary. The Stationary Office. Norwich.

#### **7. Key Words**

Equipment, Personnel

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**The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs. As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.**

<b>Contact and review details</b>			
<b>Guideline Lead (Name and Title)</b> S Mittal – Consultant guidelines lead		<b>Executive Lead</b> Chief Nurse	
<b>Details of Changes made during review:</b>			
<b>Date</b>	<b>Issue Number</b>	<b>Reviewed By</b>	<b>Description Of Changes (If Any)</b>
<b>April 2005</b>	<b>1</b>		Original Guideline
<b>April 2011</b>	<b>2</b>	Anuj Grover Neonatal Guidelines Meeting	Guideline reviewed Approved
<b>May - June 2016</b>	<b>3</b>	RH Neonatal Guidelines Meeting	Guideline reviewed and updated Approved
<b>August 2019</b>	<b>4</b>	J. Skupinski	Reviewed and updated– minor amendments. Ratification agreed
<b>Nov 2022</b>	<b>5</b>	Neonatal Guidelines Meeting Neonatal Governance Meeting	Ratified