









Name

D.O.B

Ref

Request Date

### Ventilation Chart

Time										
Inspiratory Pressure										
Expiratory Pressure										
Rate										
Inspiratory Time										
O <sub>2</sub> Flow										
O <sub>2</sub> %										
End Tidal CO <sub>2</sub>										
Circuit Checked										
Activity										
Tone										
Circulation										
Colour										
Air entry										

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Time										
HeartRate										
210										
200										
190										
180										
170										
160										
150										
140										
130										
120										
110										
100										
90										
80										
70										
60										
SaO2										
100										
98										
96										
94										
92										
90										
88										
86										
84										
82										
80										
78										
76										
74										
72										
70										
Resps										
120										
110										
100										
90										
80										
70										
60										
50										
40										
30										
20										

Time										
Skin temp										
38.0										
37.8										
37.6										
37.4										
37.2										
37.0										
36.8										
36.6										
36.4										
36.2										
36.0										
35.8										
35.6										
Incubator										
39.0										
38.5										
38.0										
37.5										
37.0										
36.5										
36.0										
35.5										
35.0										
34.5										
34.0										
33.5										
33.0										
32.5										
Mean BP										
70										
65										
60										
55										
50										
45										
40										
35										
30										
25										
20										
15										
Syst/Dia										
Cuff/Art										

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### Intravenous Fluids

Time	Fluid infusing					Fluid infusing					Fluid infusing				
	Equipment No					Equipment No					Equipment No				
	Site					Site					Site				
	Rate	Level	Vol	Total	Press mmHg	Rate	Level	Vol	Total	Press mmHg	Rate	Level	Vol	Total	Press mmHg

Time	Fluid infusing					Fluid infusing					Fluid infusing				
	Equipment No					Equipment No					Equipment No				
	Site					Site					Site				
	Rate	Level	Vol	Total	Press mmHg	Rate	Level	Vol	Total	Press mmHg	Rate	Level	Vol	Total	Press mmHg

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### Nursing Observation Record

#### Transfer of baby into transport incubator

Baby safely transferred into transport incubator at..... by .....

Monitoring Commenced:

ECG	
O <sub>2</sub> Saturations	
Resp Rate	
NBP	
ABP	
Skin Temp	

IV fluids transferred and recommenced as prescribed

(Please record levels on IV fluid chart)

Time	IVI 1 Sited in;	IVI 2 Sited in;	Long line Sited in;	Arterial line Sited in;	Limb Perfusion	Oxygen (%)	Blood Glucose	Aspirates

<b>Bowels Opened Last</b>	
<b>Last Passed Urine</b>	
<b>Oral Feeds Last Fed</b>	
<b>Regime</b>	

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**Condition on arrival at accepting unit**

Baseline measurements and audit data	Value	Time
Axillary Temp (°C)		
Art BP sys / dia (mean)		
pH		
Arterial PaO <sub>2</sub> (kPa)		
Saturation %		
Blood Glucose		

Latest blood gas	
Time	
Arterial / Capillary / Venous	
pH	
pCO <sub>2</sub>	
pO <sub>2</sub>	
Base Excess	
Bicarb	

**Respiratory**

Current ventilation mode		Ventilation Parameters	
Supplemental Oxygen		Rate or amplitude	
CPAP		PIP / EEP	
IPPV		Insp. Time or Insp. Fraction	
HFOV		FiO <sub>2</sub>	

ET tube	
Diameter	
Length	
Oral / Nasal	
CXR position	
Air entry	
Fixation / security	

**Examination findings**

<b>Cardiovascular Examination findings</b>
<b>Other systems Examination findings:</b>

**Medical Handover given to:**

**Date / Time of Handover**

**Name**

**D.O.B**

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**Pre-transfer checklist**

Accepting Unit information given	
Contact details for parents	
Maps to accepting unit	
Maternal transfer requested	
Baptism (if appropriate)	
Photocopies of notes / charts	
X rays	
Name band check	
Contacted accepting unit	
EBM into Freezer Box	

**Procedures and condition during transfer**

Please record observations every 15 minutes on chart

**Names of Staff undertaking transfer:**

.....

**Signature**.....

.....

**Signature**.....

.....

**Signature**.....

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**Assessment prior to transfer from referring unit**

Baseline measurements and audit data	Value	Time	Latest blood gas	
Axillary Temp (°C)			Time	
Art BP sys / dia (mean)			Arterial / Capillary / Venous	
pH			pH	
Arterial PaO <sub>2</sub> (kPa)			pCO <sub>2</sub>	
Saturation %			pO <sub>2</sub>	
Blood Glucose			Base Excess	
			Bicarb	

**Respiratory**

Current ventilation mode		Ventilation Parameters	
Supplemental Oxygen		Rate or amplitude	
CPAP		PIP / EEP	
IPPV		Insp. Time or Insp. Fraction	
HFOV		FiO <sub>2</sub>	

ET tube	
Diameter	
Length	
Oral / Nasal	
CXR position	
Air entry	
Fixation / security	

**Examination findings**

<b>Cardiovascular Examination findings</b>
<b>Other systems Examination findings:</b>
<b>Issues Discussed with Family;</b>
<b>Parents Contact Details;</b>

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<b>Intravascular lines</b>	<b>Insertion site</b>	<b>Tip position</b>	<b>Infusion fluids</b>	<b>Security</b>	<b>Infusion site/ limb perfusion</b>
Arterial line/UAC					
UVC					
Long line					
Cannula 1		n/a			
Cannula 2		n/a			
Cannula 3		n/a			

<b>Infusion Name</b>	<b>Dose</b>	<b>Rate (ml/hr)</b>	<b>Date / Time begun</b>	<b>Infusion site</b>

<b>Drug Name</b>	<b>Dose</b>	<b>Route</b>	<b>Frequency</b>	<b>Date begun</b>	<b>Time last given</b>

**Changes to treatment**

**Procedures undertaken and investigations**

**Prescription**

<b>Drug</b>	<b>ml/kg</b>	<b>Amount in 30ml</b>	<b>Rate</b>

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### Assessment and stabilisation on arrival

Handover received from:

Baseline measurements and audit data	Value	Time
Heart Rate		
Resp Rate		
SPO <sub>2</sub>		
Axilla Temp		
BP sys/dia & Mean		
Blood Glucose		

Latest blood gas	
Time	
Arterial / Capillary / Venous	
pH	
pCO <sub>2</sub>	
pO <sub>2</sub>	
Base Excess	
Bicarb	

Current ventilation mode	
Supplemental Oxygen	
CPAP	
IPPV	
HFOV	

Ventilation Parameters	
Rate or amplitude	
PIP / EEP	
Insp. Time or Insp. Fraction	
FiO <sub>2</sub>	

ET tube	
Diameter	
Length	
Oral / Nasal	
CXR position	
Air entry	
Fixation / security	

**Examination findings**

**Cardiovascular Examination findings**

**Other systems examination findings:**

Abdomen

Neurological

Skin

Morphology

Other

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<b>Advice</b>	
1	.....
2	.....
3	.....
4	.....
5	.....
6	.....
7	.....

**Check list for referring unit:**

Please ensure the following are available for the transport team on arrival

Item – please tick when completed	√
Photocopies of Maternal obstetric notes	
Photocopies of Neonatal medical notes	
Photocopies of Neonatal nursing notes and observation charts	
Photocopies of Blood gas and investigation charts	
Photocopies of Drug and fluid prescription charts	
Sample of maternal clotted blood for transfusion (Hope Hospital)	
Discharge summary or letter including transfer summary front sheet	

**Name of doctor / ANNP giving pre-transfer advice (PRINT)**

**Name of referring clinician (PRINT)**

**Signature**

**Date**

**Time**

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### Neurological

<b>Latest scan findings</b>	
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<b>Conscious level</b>	Normal / lethargy / obtunded / stupor / coma
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<b>Description of neurological problems, movements and treatment</b>	
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### Sepsis

<b>Summary of symptoms and management of infection</b>		<b>Antibiotics</b>

### Genetics

<b>Congenital Malformations and Dysmorphic features. Significant family history.</b>	
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### Social

<b>Summary of Family and Social Factors</b>	
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### Current Drug and Fluid Therapy

Name of Drug or Fluid	Dose / Route / Frequency / Time of administration (can complete on arrival)

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<b>Recent changes to ventilation</b>	
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<b>Respiratory diagnosis and summary of management</b>	
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**Cardiovascular**

Assessment		Treatment	
Cuff / Arterial		Total Volume given (ml/kg)	
BP sys / dia (mean)		Dopamine (mcg/kg/min)	
Perfusion		Dobutamine (mcg/kg/min)	
		Other (specify)	

**Summary of Cardiovascular problems / management:**

**Fluids and renal**

**Gastrointestinal and Nutrition**

Maintenance IV Fluids (ml/kg/Day)		Feed type	
Enteral Feeds (ml/kg/Day)		Feed volume / hour	
Total Sodium intake (mmol/kg)		Abdominal appearance	
Total Potassium intake (mmol/kg)		Gastric aspirate (size/colour)	
Urine Output		Frequency of bowel motions	
Phototherapy		Appearance of bowel motions	

**Problems with feeds and fluids:**

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### Pre-transfer discussion and advice

To be completed by transfer medical / ANNP staff and faxed to **referring** and **receiving** units before transport team departs

### Summary of Obstetric and Perinatal Details

<p><i>Please summarise as many details as possible including maternal complications, PROM, steroid therapy, mode of delivery etc</i></p>
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### Resuscitation and stabilisation

None		1 Minute Apgar	
Oxygen / mask ventilation		5 Minute Apgar	
Intubation		10 Minute Apgar	
ECM		Cord pH	
Resuscitation Drugs		Age at intubation (mins)	
Blood / Saline / Other		Age at Surfactant (mins)	
Current Blood Glucose		Current axillary temperature	

### Respiratory system

Current ventilation mode		Ventilation Parameters	
Supplemental Oxygen		Rate or amplitude	
CPAP		PIP / EEP	
IPPV		Insp. Time or Insp. Fraction	
HFOV		FiO <sub>2</sub>	

ET tube	Latest blood gas	
Diameter	Time	
Length	Arterial / Capillary / Venous	
Oral / Nasal	pH	
CXR position	pCO <sub>2</sub>	
Air entry	pO <sub>2</sub>	
	Base Excess	
	Bicarb	

**Name****D.O.B****Ref****Request Date****Equipment Checklist***To be completed by transport nurse and doctor*

<b>Incubator / Equipment checked by:</b>	Nurse)
	Doctor)

<b>Type of incubator</b>	Hill Rom
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<b>Equipment on incubator</b>	<b>Notes</b>
Check squad fully charged	Check incubator will heat up
Number of full Oxygen cylinders	Must be 2 size E
Flexible tube holder	
Ventilator working	Check circuit connections and alarms
Oxygen tubing	Calibrate sensor
Suction functioning	Check tubing and catheters
Monitor	Check all leads attached, battery
Spare battery	Remove from monitor in use
Number of Infusion pumps	Check battery, take 2 more than need

<b>Equipment inside incubator</b>	<b>Notes</b>
Bag and mask set	2 of each size mask
ECG leads x3	
Apnoea probe	
Saturation probe / posey wrap	
Sheets / blankets / towels	
Bubble wrap	
Hats / booties / mittens	Appropriate size
Nappy	
Transwarmer	
Set of medical / surgical notes	Admission pack, charts and notes

<b>Refrigerated items</b>	<b>Notes</b>
Curosurf	Keep cool
Other drugs	e.g prostin, atracurium
Cassettes for I-stat gas analyser	Keep cool, return to fridge if unused
Maternal Milk available	Cool bags and ice packs for transfer

<b>Red Transport Bag</b>	Ensure seal is unbroken
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