CLINICAL GUIDELINE	
Extremely Premature Neonatal Retrieval	
Scope (Staff):	Nursing and Medical Staff
Scope (Area):	NICU KEMH, NICU PCH, NETS WA

This document should be read in conjunction with this DISCLAIMER

This guideline can be used to aid the NETS WA team undertake retrieval of extremely preterm (EP) (< 28 weeks gestation) and extremely low birth weight (ELBW) (< 1000 grams) infants.

Personnel

- Medical: The most senior medical person available should preferentially undertake retrieval of these patients.
- Nursing: Similarly, where possible a senior NNT should attend each of these retrievals. Where a transport is undertaken using RFDS, the NETS NNT should attend the retrieval, along with the RFDS flight nurse. This **MUST** be conveyed to the RFDS during the initial call from NETS to RFDS.

Equipment

In addition to the equipment taken on every NETS WA transport, the following items should accompany a team undertaking retrieval of an EP/ELBW infant:

- Thermal mattress.
- “Premmie Pack”:
    - Laryngoscope handle, 2 x spare bulbs, 2 x size 0 laryngoscope blade.
    - Face masks (35 mm and 42 mm), neobars (white, yellow, purple).
    - Fine iris forceps, iodine prep pads, adhesive remover wipes, skin prep wipes.
    - Leukostrips, micro arm board, booties, hat, nappy.

Logistics

- Retrieval of EP/ELBW infants should be undertaken as a matter of priority, with a transport team mobilised as soon as possible after initial referral. The NETS consultant should be conferenced into the initial referral call and all subsequent calls regarding ongoing stabilisation, management and transportation of the patient.
- As far as possible, all EP/ELBW infants should be transported directly to KEMH unless there is a clear indication (e.g. a surgical condition). This decision must be made by the NETS consultant, in consultation with the KEMH consultant as appropriate.

- The KEMH team should be updated by the team coordinating from PMH with the ETA and the clinical condition and support settings when the NETS team have departed from the referring hospital with the patient.

Special Considerations

All infants should be stabilised and prepared for transport using NRP and STABLE principles. Decisions both clinical and logistic) should be made in conjunction with the NETS consultant. All communication should be made via the NETS WA hotline, and clearly documented on the call sheet at PMH. In particular for EP/ELBW infants, the following considerations must be made:

- **Blood Sugar:** EP infants (and more so EP small for GA infants) are at high risk of hypoglycaemia in the first few hours of extrauterine life. The transport team has limited access to regular blood sampling en route. For longer transports, it may prove prudent to place a UAC to allow for blood gas (and blood sugar level) analysis en route. A UVC may also be indicated to allow ongoing secure central access for administration of dextrose solution. For shorter, metropolitan transports, a peripheral cannula may suffice to allow timely relocation of the infant to the tertiary care nursery at KEMH.
- **Temperature**: EP/ELBW infants do not maintain their temperature effectively. Vigilance to temperature control is essential to maintain normothermia during transport. Use of the thermal mattress and regular monitoring of the temperature every 10-15 minutes (using the skin probe) as well as minimising interventions opening the doors of the cot are vital.
- **Airway:** Although CPAP has become a regularly used strategy for EP infants in tertiary centres, most EP retrievals are undertaken after elective intubation and ventilation (and administration of surfactant) at the referring hospital, to ensure maintenance of a secure airway during transport, where few interventions are able to be undertaken.
- **Blood Pressure:** As discussed with sugar above, arterial access can be considered for longer, non-metropolitan neonatal retrievals to allow ongoing monitoring of blood pressure. In short transfers, placement of a UAC may often be deferred until arrival at tertiary destination.
- **Lab work:** All samples taken from the EP/ELBW patient (e.g. blood culture) and available should be brought to KEMH with the patient. In addition, the placenta should be collected and brought for histopathological and microbiological examination, along with a sample of maternal blood, in an EDTA container, handwritten and signed. An accompanying request form signed by the person who took the blood must also be brought. During longer transports, blood gas analysis may require to be undertaken.
- **Emotional:** Delivery of an EP/ELBW infant in a peripheral hospital is usually a very unexpected and frightening event, for the parents as well as for the staff. The subsequent transfer of the infant to another hospital can be very distressing for parents. Wherever possible, parents should be given the opportunity to see and touch their infant prior to transfer. Often this is only achieved after the NETS team have stabilised the infant and loaded into the NETS cot. Parents must be provided with clear explanations, including written detail of how to contact the team caring for their baby. Parent information leaflets should be left with the family. Acknowledging the hard work which has been done by the local team is important. If there are areas which may not have corresponded with guidance, these should be discussed with the NETS consultant after departure from the hospital, and not discussed during the stabilisation and transport.

Direct phone lines	NETS Hotline	1300 NETS WA (1300 6387 92)
	PCH Ward 3B	6456 3466
	PCH Switchboard	6456 8222
	KEMH Switchboard	6458 2222
	KEMH Nursery 3	6458 2030

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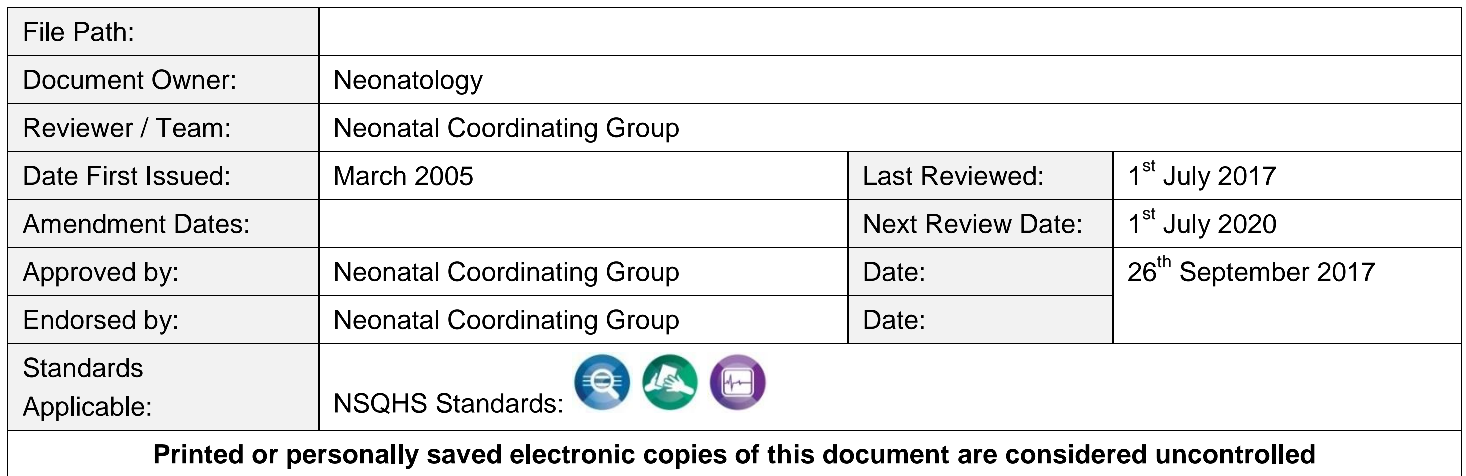

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