



GUIDELINE

Intrahospital Transport of the Neonate

Scope (Staff):	Nursing and Medical Staff
Scope (Area):	NICU KEMH, NICU PCH, NETS WA

Child Safe Organisation Statement of Commitment

CAHS commits to being a child safe organisation by applying the National Principles for Child Safe Organisations. This is a commitment to a strong culture supported by robust policies and procedures to reduce the likelihood of harm to children and young people.

This document should be read in conjunction with this [disclaimer](#)

Aim

All infants that are transported **within** the nursery or **within** any part of the hospital will be transported in a manner that is safe.

Risk

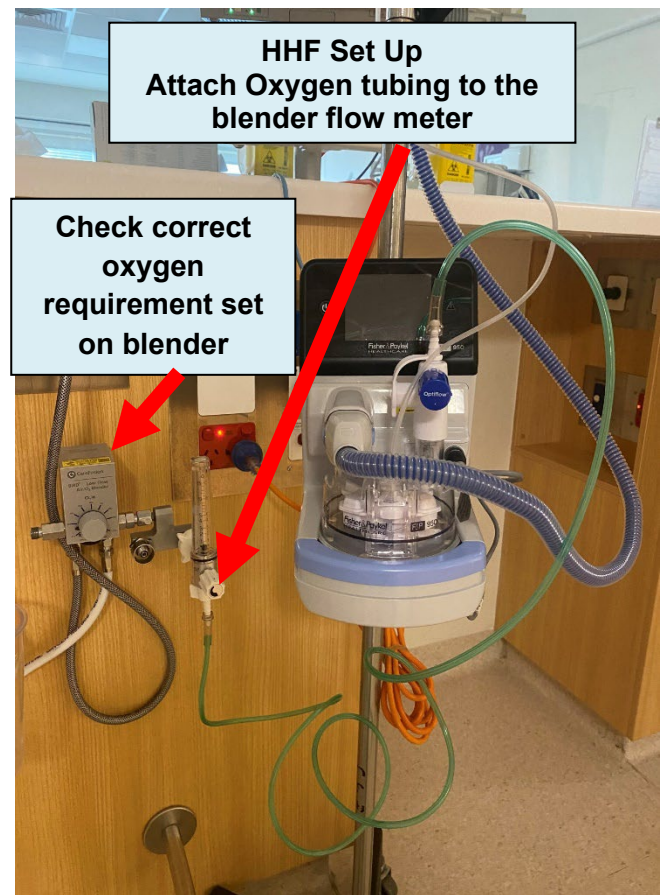
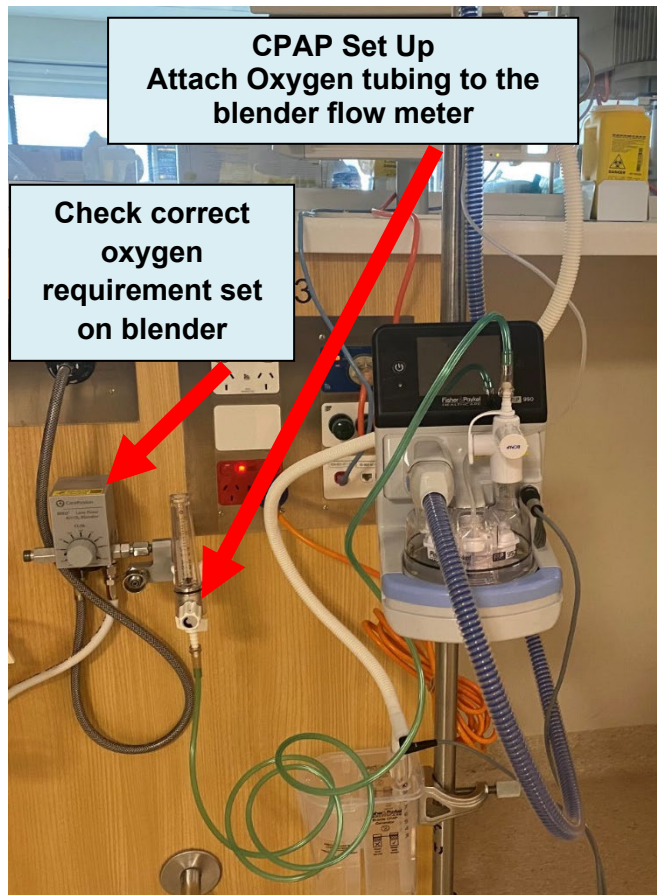
Failure to follow the guideline can result in avoidable clinical deterioration and/or suboptimal care.

Key points

- Infants should not be moved unless absolutely necessary.
- Parents are to be informed of the infant's movement between nursery areas or to other hospital departments **before** the event.
- The receiving area is to be contacted so the time of transfer can be communicated. This ensures the receiving area has adequate staff and equipment available to receive the infant.
- All infants are to be transported in an open cot, incubator or pram with appropriate clothing and covers to maintain thermoregulation.
- **All** infants are to be transported between departments/areas with a portable oximeter insitu and a self-inflating bag and mask must be available.
- Infants on respiratory support ie CPAP/HHF or low flow require at least two nursing staff members to attend to the transfer

Transport of Neonates within the Nursery and within the Hospital

- Infants that require continuous CPAP/HHF are to receive CPAP/HHF (connected to a C size oxygen and air cylinders) set at the same flow rate and FiO₂ as their fixed CPAP/HHF for the duration of the transport.
- Infants requiring low flow oxygen are to receive low flow oxygen (connected to a C size oxygen cylinder with appropriate flow meter) set at the same flow rate as their fixed low flow oxygen for the duration of the transport.
- On arrival to the receiving nursery, the respiratory support circuit and oxygen requirement must be checked by the receiving nurse and coordinator at handover ensuring respiratory support circuit connections are correct. As per below set up photos.



- In the event of a sudden clinical deterioration of an infant requiring immediate transfer to level 3 NICU respiratory support may be delivered by T-piece ventilation via mobile resuscitation device or hand bagging. Refer to [Recognising and Responding to Clinical Deterioration Guideline](#)
- Ventilated infants requiring transport within the hospital are not to be moved unless escorted by medical staff.
- For those infants requiring transport to and from MRI refer to [MRI unit Protocols for Ventilation and Monitoring Guideline](#)

Transfer Process within the hospital

- Identifying suitable infants for transfer between areas occurs at 0800 as part of the medical round by the consultant. This is to be documented in the progress notes.
- Clinical Nurse Consultants to liaise with medical team and nursery coordinators to prioritise patient movement based on acuity, staffing and clinical demands.

Process

Steps	Additional Information
1. Medical Team to complete MR440.02	Neonatology Inter/Intra Hospital Medical Transfer Form
2. Ensure Neonatal Problem List (MR485.03) and Flow Chart (MR485.02) are up to date	Complete any outstanding referrals
3. Medical Team to complete a full physical assessment if one has not been completed in the last 48 hours	
4. Medical Team to provide a complete verbal handover to receiving medical team	Names of transferring and receiving doctors to be documented on MR440.02
5. Nursing staff to liaise with CNC and receiving area to negotiate a suitable time for transfer	Patients must not be transferred without consultation with senior staff members
6. Parents/Caregivers informed of transfer prior to the event	
7. Nursing staff member to document care plan and transfer in progress notes	
8. Transfer infant at agreed time	<ul style="list-style-type: none"> • 2 x staff members required for infants in incubators, large cots and respiratory support (CPAP/HHF) • Collect all beside notes and empty patient drawer • Collect buff notes • Collect any milk from the milk fridge • Ensure self-inflating bag and mask available
9. Conduct beside handover, including parents/caregivers if present	Refer to Clinical Handover

Steps	Additional Information
10. Document transfer noting staff member handing over patient and staff member receiving patient	"Nurse A" transferred infant from (area) to (area) at (time) to "Nurse B"
11. Ensure monitoring and respiratory support connected correctly	Respiratory support connections to be checked at handover by the receiving nurse and coordinator
12. Clean and return equipment	Ensure empty bedspace cleaned appropriately and drawers restocked

Transfer to Postnatal Ward at KEMH

Process as above with additional steps

- Liaise with midwife prior to transfer to ensure mother of baby is still an inpatient.
- Provide a brief handover over the phone and negotiate a suitable time for transfer to ensure mother/caregiver can also be present for the handover.
- Clear medical and nursing documentation outlining care plan
 - Any deviations from the documented care plan must be discussed with the medical team
- Transfer the infant as above and conduct bedside handover with the mother/caregiver present
 - This allows for clear understanding of the care plan with hospital staff and caregivers.

Transfer of Long-Term infants to PCH inpatient wards


For infants transferring from PCH to inpatient wards, the Comprehensive Transfer Summary is to be completed as part of the clinical handover. Refer to [Transition and Transfer from Neonatology to PCH Inpatient Unit.](#)

Related CAHS internal policies, procedures and guidelines

Neonatology Guideline

- [Clinical Handover](#)
- [Identification of the Infant](#)
- [Transition and Transfer from Neonatology to PCH Inpatient Unit](#)
- [Recognising and Responding to Clinical Deterioration Guideline](#)

This document can be made available in alternative formats on request.

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Healthy kids, healthy communities

Compassion

Excellence

Collaboration

Accountability

Equity

Respect

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