PURPOSE:
To provide the transport nurse with guidelines for care of the patient during the inter-facility transfer to / from NICU (Neonatal Intensive Care Unit)

DEFINITIONS:
1. **Transfer**: entire process of changing care of a patient from one facility to another including the transport of the patient.
2. **Transport**: physical process of moving patient from one facility to another for medical care.

OBJECTIVE:
1. To provide safe transport of the patient and to provide continuity of appropriate medical care.
   a. To evaluate and stabilize the condition of a neonate with the intent to transport to another facility for more appropriate level of care.
   b. To return the neonate to the hospital of origin for convalescence, or to a facility closer to family.
2. To promote effective communication of information to parents, personnel and departments associated with the transfer/transport of patients.
3. To provide necessary and valuable information for the continuity of care of the patient at the receiving facility
4. To provide documentation of care provided to the patient during transport.

EQUIPMENT:
1. Transport isolette with temperature sensing device.
2. Transport monitor with ECG, oximeter, NIBP & arterial B/P and suction.
3. Transport adjunctive respiratory equipment (ventilator, oxygen and air tanks, ambu bag and mask or T-piece resuscitator, high flow oxygen delivery system, ETCO2 monitoring capability).
4. Respiratory equipment bag with all supplies necessary to stabilize and maintain airway
5. ISTAT supplies including ISTAT printer
6. Transport bags with all emergency supplies and medications (FI.AC Chapter 64 J-1).
7. IV syringe pumps.
8. Information about Sarasota Memorial Hospital, (if applicable).
PROCEDURE:

A. INTERFACILITY TRANSFER OF THE PATIENT FROM THE NEONATAL INTENSIVE CARE AT SARASOTA MEMORIAL HOSPITAL, TO-ANOTHER FACILITY.

1. Referral neonatologist acquires acceptance of patient from receiving neonatologist/pediatrician.
2. Referral neonatologist gets informed consent for transfer from parent(s). Parent(s) given approximate time of arrival of team.
3. Referral facility faxes face sheet of patient to receiving facility.
4. MST or charge nurse to notify all members of the transport team of pending transfer:
   a. Transport nurse;
   b. Respiratory Care supervisor; Respiratory Therapist
   c. Ambulance
5. MST or designee creates an "ambulance visit "in AMPFM, and obtains the appropriate numbers for the transport. Transport nurse obtains orders for use during transport.
6. Notify Postpartum or Mother/Baby unit as appropriate.
7. Transport nurse checks transport isolette; ensures respiratory therapist checks ventilator and tanks.
8. Transport nurse checks transport bag, med bag, and removes transport medications from PYXIS.
9. Transport nurse ensures consent for transport has been signed by parent(s) or legal guardian.
10. Transport nurse ensures that written order to transport is on chart.
11. Items to accompany the patient:
    a. Copy of patient chart, including the up-to-the-minute nurses flowsheets, physician notes and lab results;
    b. Copy of the mother’s chart (as available);
    c. CD Copies of x-rays requested from radiology;
    d. Physician discharge summary.
12. Encourage parents to touch and see patient before transport (if they are present); keep parents informed and
notify parents of departure time. One parent or support person is permitted to ride in the front seat of the Ambitrans ambulance, if deemed appropriate by transport nurse, with seat buckled at all times.

15. Transport nurse ensures report is given to receiving facility. Transport team does a “Time Out” prior to moving baby to transport isolette. Correct patient identification is made as per Policy 01.PAT.09.

16. Notify receiving hospital of departure time and estimated time of arrival. During transport, nurse records vital signs, color, activity, pulse oximeter reading and oxygen level on transport flowsheet a minimum of every 30 minutes. Pain assessment is done with first and last set of vitals and prn. N-PASS pain-assessment tool used. Record intake and output every hour (more frequently if condition warrants) on nursing flowsheet. Respiratory therapist/paramedic records airway, ventilation and oxygenation data as appropriate on the respiratory flowsheet. If no additional respiratory data needed, respiratory therapist/paramedic may sign the nursing flowsheet as concurring with information recorded. (Standard of Care)

17. Update neonatologist with any deterioration in patient condition.

18. Upon arrival at receiving facility give updated report. Give copy of transport flowsheets (nursing and respiratory) to receiving hospital.

19. Notify parent(s) of safe arrival at receiving center.

20. Upon return to Sarasota Memorial Hospital, restock transport bags, clean transport isolette and set up for next transport.

21. MST separates chart and sends copy to medical records and copy to transport coordinator.

B. INTERFACILITY TRANSFER OF THE PATIENT TO THE NEONATAL INTENSIVE CARE UNIT AT SARASOTA MEMORIAL HOSPITAL FROM ANOTHER FACILITY.

Receiving Neonatologist accepts transfer of patient to SMH after collaborative discussion with referral physician. The receiving neonatologist obtains and records the appropriate information on the EMTALA Acceptance Form. The referral physician responsible for obtaining consent to transport.

PROCEDURE

1. MST requests patient face sheet from transferring hospital.
2. MST notifies all members of the transport team:
   a. Transport Nurse
   b. Respiratory Care Supervisor; and therapist
   c. Ambulance (called when transport nurse requests).
3. MST or designee creates an “ambulance visit” in AMPFM and obtains the appropriate numbers for the transport,
then admits the patient and obtains the admission number.

4. MST to FAX face sheet from referring facility to Financial Resource Center at FAX # 1601

5. Transport nurse checks transport isolette; ensures respiratory therapy has checked ventilator and tanks.

6. Transport nurse checks transport bag and medication bag collects any extra equipment as needed per diagnosis and orders. Obtain transport medications from PYXIS.


6. Upon arrival to the referring center, introduce members of the transport team. Verify order and signed consent for transport. Obtain current report on the patient.

7. Prior to any procedures or movement of patient, perform “time out” verification and band infant with SMH Identification band per Policy 01.PAT.09. Have referral and receiving nurses sign the SMH patient ID form.

8. Perform complete physical assessment. Record findings on transport flowsheet.

9. If patient condition warrants, stabilize patient according to protocol stabilization orders.

10. Notify attending neonatologist of the current condition of the patient and procedures carried out to stabilize patient (if any). Carry out any further orders received from the neonatologist. Report pertinent lab results and document.

11. Connect the patient to transport monitors and set alarms, connect patient to all other transport equipment.

12. Set up IV fluids on transport pumps.

13. Items to accompany the patient:
   a. Copy of patient chart, including the up-to-the-minute Nurses flowsheets, physician notes and lab results;
   b. Copy of the mother’s chart (as available);
   c. Copies of x-rays taken (request from Radiology);
   d. Physician discharge summary.

Transfer patient to transport isolette. Secure with safety straps. Attach temperature sensor.

PROCEDURE (cont’d):

16. Take patient in transport isolette to parent(s) room (as appropriate).

17. Introduce transport team members.

18. Verify identification of mother and infant. Band mother (and support person if present) with SMH identification band.

19. Explain procedures undertaken to stabilize the patient for transport, and answer any questions the parent(s) ask.


21. Give parent(s) information about Sarasota Memorial Hospital and the NICU as well as directions to the hospital and the phone number. Encourage parent(s) to touch and see patient prior to departure (as appropriate). Give
parent(s) an estimated time of arrival at Sarasota Memorial Hospital. One parent or support person is permitted to ride in the front seat of the Ambitrans ambulance, if deemed appropriate by transport nurse, with seat buckled at all times

22. Notify Sarasota Memorial Hospital Neonatal ICU of anticipated equipment needs upon arrival, current condition of the patient, and the estimated time of arrival.

23. During transport, nurse records vital signs, color, activity, pulse oximeter reading and oxygen level on transport flowsheet a minimum of every 30 minutes. Pain assessment is done with first and last set of vitals and prn. N-PASS pain-assessment tool used. Record intake and output every hour (more frequently if condition warrants), on nursing flowsheet. Respiratory therapist/paramedic records airway, ventilation and oxygenation data as appropriate on the respiratory flowsheet. If no additional respiratory data needed, respiratory therapist/paramedic may sign the nursing flowsheet as concurring with information recorded.

24. Upon arrival to Sarasota Memorial Hospital NICU, give report to receiving nurse. Verify patient ID. Assist with admission as needed.

25. Call parent(s) to inform them of safe arrival at Sarasota Memorial Hospital.

26. Restock transport bags, clean transport isolette and set up for next transport. Return transport medications to PYXIS.

27. HUC MST separates chart and sends copy to medical records and copy to transport coordinator.

PROCEDURE (cont'd)

C. INTERFACILITY TRANSFER OF A PATIENT BETWEEN TWO NON-SMH FACILITIES

1. SMH neonatologist accepts responsibility for care of patient during transport between two non-SMH facilities (may have facilitated transfer/transport).

2. MST or designee notifies Debbie Harman of pending transport.

3. Referral physician gets informed consent for transfer from parent(s).

4. MST requests patient face sheet from referral facility.

5. MST or charge nurse to notify all members of the transport team of pending transfer:
   a. Transport nurse;
   b. Respiratory Care supervisor; Respiratory Therapist
   c. Ambulance

6. MST or designee creates an “ambulance visit “ in AMPFM, and obtains the appropriate numbers for the transport

7. Transport nurse obtains orders for use during transport

8. Transport nurse checks transport isolette; ensures respiratory therapist checks ventilator and tanks.

9. Transport nurse checks transport bag, med bag, and removes transport medications from PYXIS
10. Upon arrival to the referring center, introduce members of the transport team. Obtain current report on the patient.
11. Prior to any procedures or movement of patient, perform “time out” verification and band infant with SMH Identification band with **ambulance visit number**. Document process on the nursing transport flowsheet.
12. Perform complete physical assessment. Record findings on the nursing transport flowsheet.
13. If patient condition warrants, stabilize patient according to protocol stabilization orders.
14. Notify SMH attending neonatologist of the current condition of the patient and procedures carried out to stabilize the patient (if any). Carry out any further orders received from neonatologist. Report pertinent lab results and document.
15. Transport nurse ensures that a written order and consent to transport is on the chart.
16. Items to accompany the patient:
   a. Copy of patient chart, including the up-to-the-minute nurses flowsheets, physician notes and lab results;
   b. Copy of the mother’s chart (as available);
   c. Copies of x-rays taken (request from Radiology);
   d. Physician discharge summary.
17. Connect the patient to transport monitors and set alarms, connect patient to all other transport equipment.
18. Set up IV fluids on transport pumps.
20. Take patient in transport isolette to parent(s) room (as appropriate).
21. Introduce transport team members.
22. Verify identification of mother and infant. Band mother (and support person if present) with SMH identification band with the ambulance visit number.
23. Explain procedures undertaken to stabilize the patient for transport, and answer any questions the parent(s) ask.
24. Give parent(s) information about the receiving hospital as available. Encourage parent(s) to touch and see patient prior to departure (as appropriate). Give parent(s) an estimated time of arrival at receiving hospital.
26. During transport, nurse records vital signs, color, activity, pulse oximeter reading and oxygen level on transport flowsheet a minimum of every 30 minutes. Pain assessment is done with first and last set of vitals and prn. N-PASS pain-assessment tool used. Record intake and output every hour (more frequently if condition warrants), on nursing flowsheet. Respiratory therapist/paramedic records airway, ventilation and oxygenation data as
appropriate on the respiratory flowsheet. If no additional respiratory data needed, respiratory therapist/paramedic may sign the nursing flowsheet as concuring with information recorded.

27. Upon arrival at receiving hospital, give report to receiving nurse. Give copy of transport flowsheets (physician orders, nursing and respiratory) to receiving hospital.

28. Call parent(s) to inform them of safe arrival at Sarasota Memorial Hospital as needed.

29. Restock transport bags, clean transport isolette and set up for next transport. Return transport medications to PYXIS.

30. MST separates chart and sends copy to medical records and copy to transport coordinator.

DOCUMENTATION:

1. Transport Notification Checklist.
2. Transport Flowsheets, RN and RT notes.
3. Physician’s Orders

REFERENCES:

2. Guidelines for Perinatal Care, 5th Edition, AAP, ACOG
4. SMHCS Policy # 01.PAT.09 Patient Identification Inpatient/Outpatient. # 01.PAT.18 Correct Patient, Procedure, and Site Verification
5. SMHCS Policy # 00.PAT.44 Pain Management
6. F.A.C. 64 J-1
7. Neonatal Transport Team Standard of Care 126.245

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