Interhospital Transfers of Neonatal Patients

Policy Group: Safety/Legal

Date Approved
April 2015

Date Effective
April 2015

Next Review
April 2018

Purpose
To ensure the safe transfer of neonatal inpatients at all times.

Policy Statement
Diagnostic assessment and treatment of infants may require transportation to another hospital. Transfer may include:

♦ Infants transferring to a Level III NICU
♦ Infants transferring to a Level II nursery closer to home
♦ Infants transferred for further assessment, such as specialty consults.

Method of Transfer
A transport incubator shall be used for the inter-hospital transfer of all infants who:

♦ Are unable to maintain their body temperature when bundled.
♦ Have central venous or arterial lines.
♦ Unstable infants.
♦ Only one infant may travel in an incubator at one time.

If a transport incubator is not used, the infant will be transferred in a Canadian Motor Vehicle Safety Standards approved car seat or car bed.

♦ Infant with apnea or requiring oxygen must have oxygen saturation monitoring.
♦ Infants transferred in car seats that require accessory equipment such as a monitor of any type must be transferred on a stretcher such that the equipment can be secured.

Procedure

Emergent Transfers
♦ Neonatologist or Designate to call Transport Team (780-407-6727) & Neonatologist “on call” at Stollery Transport Team.

Non-Emergent Transfers
♦ Non-emergent transfers that are less than 24 hours in advance are booked through Regional Transport Office (RTO), 780-413-6966. Identify the mode of transport, specific patient needs (monitor, oxygen, IV) and the individuals accompanying the patient (Health care professional, mom) to ensure transport is booked appropriately.
♦ If the transport is booked for greater than 24 hours in advance, complete the transfer request on i-request. Print off verification and place in charge binder.
Responsibilities

Physician/Designate
♦ A physician/designate must approve a patient transfer of the infant. An order to transfer to a specific site will be written on the doctor’s order sheet.
♦ If the infant is transferred to a Level III, the physician/designate transferring the infant must call the receiving physician/designate receiving the patient and communicate the current condition of the infant.
♦ The physician/designate will write a progress note.
♦ A discharge summary must be written for the receiving physician.
♦ Discharge form must be completed including Medication Reconciliation Process: NICU Discharge Medication Orders and/or Prescription

Charge Nurse
♦ Communicate a detailed report with the nurse in charge at the receiving hospital.
♦ Notify parents of transfer. No patient should be moved from one inpatient site to another without prior knowledge of the parent(s)/legal guardian. Hospital staff should document all steps taken to notify parents of transfer if unable to contact prior to transfer. If a transfer has occurred without parental knowledge, then they must be notified as soon as possible.
♦ Approval from a physician is required for transfer of a patient not accompanied by a health care professional. Document the same. Notify the attending physician/designate and document the same if the transferring person is not a health care professional.
♦ Communicate to the receiving hospital that the patient is en route if in the care of paramedics.
♦ In the event no unit clerk is available the charge nurse will assume their responsibilities.

Bedside Nurse Assigned to the Patient
♦ The patient’s nurse should obtain a basic history on the infant and report it to the health care worker completing the transfer.
♦ The infant has an identification band on at all times.
♦ Convalescing infants are dressed, including a diaper, a hat and two bundle blankets.
♦ The infant’s last feeding should not be later than one hour prior to transfer. The infant should not be fed during the transport. If there is to be a prolonged (greater than 4 hour) delay in reaching the receiving hospital, a discussion about feeding during transport should take place with the physician/designate. Document the discussion.
♦ Pack the infant’s personal belongs and the mother’s expressed milk to be transferred with the patient.
♦ Adjust medication administration times to avoid giving medications during transport. No oral medications should be given during transport.
♦ It is the responsibility of the nurse assigned to the infant being transferred to check and preheat the transport incubator, and to prepare the infant and chart for transfer.
♦ Document on the nursing care record: destination the infant was transferred to and the individual assuming care of the infant.

Nurse Transferring the Patient
♦ The nurse who is transferring the infant should, if opportunity allows, assist the other nurse to prepare the infant for transfer. The nurse transferring the patient takes final responsibility for checking identification bands, assessing the infant, obtaining a brief history of the infant, and double-checking the incubator and other transport equipment.
♦ Ensure a transport bag with resuscitation equipment and basic infant care supplies accompanies the transfer.
♦ The nurse transferring the infant should do a head to toe assessment of the infant before bundling.
♦ The infant should not be fed during the transport, unless there is a prolonged (greater than 4 hour) delay in reaching the receiving hospital. If there is to be a prolonged (greater than 4 hour) delay in reaching receiving hospital, a discussion about feeding during the transport
should take place with the physician / designate before the transport.
♦ Intravenous sites should be visible during transport.
♦ Documentation. Condition and vital signs are recorded every ½ hour during the transport
♦ The nurse accompanying the infant should give a thorough report to the receiving hospital staff. A note is written on the patient’s record including the receiving nurse’s name and the infant’s condition at the time of transfer of care.
♦ Ensure the patient’s care record is returned to original chart to be submitted to health records.
♦ In all communications with the staff at the receiving hospital and the personnel assisting in the transfer, staff should remember that they are good will ambassadors of the Neonatal Nursery.

Unit Clerk
♦ Ensure a copy of Notice of a Live Birth (if infant < 7 days of age) goes with the copied chart to the receiving hospital.
♦ Ensure copied portions of the chart accompany the baby.
  ♦ Progress notes
  ♦ Recent lab results
  ♦ Flow sheets
  ♦ Delivery record
  ♦ Previous discharge summaries
  ♦ Social work notes
  ♦ Consults
♦ Ensure physician’s discharge summary/letter accompanies the infant or is faxed promptly.
♦ Ensure nursing discharge is filled out. A copy accompanies the infant.

Related Documents
Adopted with permission from Stollery Children’s Policy and Procedure Manual:

Revisions
• January 2005
• April 2015
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Signing

original signed

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SENIOR DIRECTOR OPERATIONS
MATERNAL, NEONATAL & CHILD HEALTH PROGRAMS
COVENANT HEALTH
GREY NUNS & MISERCORDIA HOSPITALS

May 4, 2015
DATE

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May 1, 2015
DATE