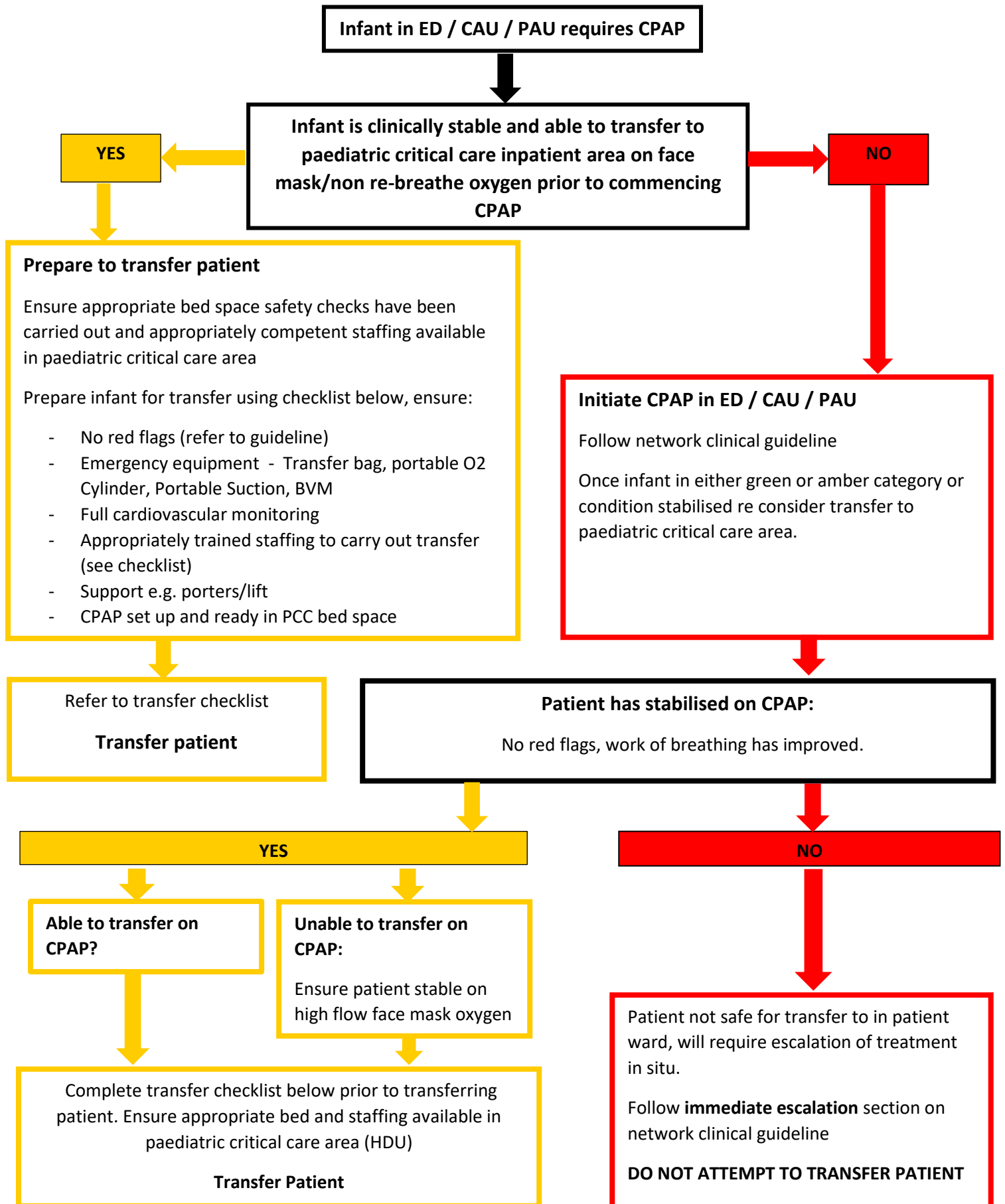


Appendix 6 Flow Chart & Checklist for the Internal transfer of a child requiring NCPAP



Infant

Established on CPAP - Improvement in PEWS - improvement in WOB - improvement in any hypoxia

Full cardiovascular monitoring during transfer

IV access secured

Personnel

These are suggested minimum recommended team for the safe transfer of the infant; more staff may be required depending on route/estate, condition of the infant, experience and competence of the staff. At no time should the infant be transferred if at least one member of the team is not confident or adequately trained to do so.

All staff should adhere to current guidelines for PPE / IPC throughout.

- Consider anaesthetic escort (based on local risk assessment)
- Paediatric registrar/ Paediatric Advanced Clinical Practitioner with airway management expertise / training ie APLS/ EPLS
- Critical Care (HDU) Nurse (senior band 5 or above, pILS trained))
- Porter or equivalent
- Person to walk ahead and secure the route/ ensure lift available.

Additional personnel as required to safely manage equipment / route / lifts/ support family etc.

Equipment

Transfer Bag

paediatric emergency transfer bag

Oxygen

Calculate oxygen requirement for transfer and double it.

Spare full cylinder with BVM attached

Calculation for medical gases needed:

$$\text{Flow (L/Min)} \times \text{time} \times 2$$

Air (for transfers on CPAP)

Calculate Medical Air required for transfer and double it.

Medical air cylinder with Schrader valve attached

Suction

fully charged portable suction

soft suction catheters of appropriate size

Yankauer catheter

Plus

Bag valve mask - correct size, attached to spare full oxygen cylinder

paediatric non rebreath oxygen mask

Other

override key / pass for lifts / security doors as required

Communication

Paeds ED Nurse in Charge aware of critical care transfer from department

senior paediatric doctor aware of transfer

PCC area have accepted infant and aware of imminent transfer and have allocated staff

Accepting Nurse Name :..... Time Accepted:

parents accompanying, or aware of transfer, contact details noted.

Any Investigations already sent for testing?

