## FURTHER DETAILS

**History** .....

**Stabilisation** .....

**In Transit** .....

| Handover in Receiving Hospital | Name: | Grade: | Signature: | Time: | Date: |
|---|---|---|---|---|---|
| NNTP Doctor | | | | : | |
| NNTP Nurse | | | | : | |
| Receiving Doctor | | | | : | |
| Receiving Nurse | | | | : | |

## TRANSPORT AUDIT

**Please 'Tick' all relevant sections where Procedures were performed /Attempted/Initiated by the NNTP**

| | | | | |
|---|---|---|---|---|
| 1st Intubation: | Surfactant: | IV Line: n= | Bld Gas: | iNO Therapy: |
| Re-intubation: | Extubation: | IA Line: | Sedation: | Active Cooling: |
| ETT success on 1st attempt? Yes / No | Chest X-Ray : | UVC: | Muscle Relaxant: | Passive Cooling: |
| Yes / No Without ↓ Sa02< 90 or ↓BP | Chest Asp: | UAC: | Inotropes: | ETCo2 : |
| | Chest Drain: | Bld Cult. | Antibiotics: | CPR: |

## UNTOWARD EVENTS

**DELAYS** NO ☐ YES ☐ Departing from Base (>45 mins.) ☐ En-route to Referring Hospital

☐ Departing from Referring Hospital ☐ En-route to Receiving Hospital

☐ Departing from Receiving Hospital ☐ En-route to Base hosp/Next Transport

**PROBLEMS** NO ☐

YES ☐ INFANT: ETT Blocked / Accidental Extubation / Condition Deterioration - Specify

.....

☐ EQUIPMENT: Ventilator / Monitor / Inf. Pump / Gas Supply / Suction(Serial No .....) / Other

☐ MBULANCE: Breakdown / Mechanical Fault .....

☐ PROCEDURES: IV/IA Access / ETT Placement / ICC Placement

☐ STAFF: Accident / Illness / Absence / Communication Issues

**Details/Action Taken** .....

**Critical Incident Form Completed** NO ☐ YES ☐ (Details) .....

**Name** ..... **Signature/Title** .....

WHITE COPY TO COORDINATOR



YELLOW COPY TO PATIENT NOTES

TRANSPORT NO:

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

# TRANSPORT FLOW-SHEET

NATIONAL NEONATAL TRANSPORT PROGRAMME

| Date(s) | Transport Type (Select 1) | Time Ref Unit Decided to Transfer Infant | Time Ref Unit Called NEOC | Time NEOC Called NNTP | Time Transport Activated / and Driver Called | Time Driver Arrived | Team Departed Base Unit | Arrived Referring Unit (Omit if own base unit transfer) | Departed Referring Unit | Arrived Receiving Unit | Returned to Base? / Followed On |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Start Date | Immediate Team at Base | : hrs | : hrs | : hrs | : hrs / : hrs | : hrs | : hrs | : hrs | : hrs | : hrs | : hrs |
| | OR | | | | | | | | | | |
| | Follow-on/ Deferred | Time Ref Unit Called NEOC | Time NEOC CALLED NNTP | Time Transport Accepted | Planned Time of Transport | Time Transport Activated / and Driver Called | Driver Arrived (Omit if present) | Arrived Referring Unit | Departed Referring Unit | Arrived Receiving Unit | Returned to Base? / Followed On |
| Finish Date | | : hrs | : hrs | : hrs | : hrs | : hrs / : hrs | : hrs | : hrs | : hrs | : hrs | : hrs |

**Referring Hosp:** ..... **Unit:** ..... ☎ **Ref Hosp/Contact:** ..... **Ref. Consultant:** .....

**Receiving Hosp:** ..... **Unit:** ..... ☎ **Ref Hosp/Contact:** ..... **Rec. Consultant:** .....

**NNTP Consultant: Dr** ..... **Discussed with ?** .....

**Reason for Transport** ..... **Time Critical:** ☐ Yes ☐ No

**Transport Accepted** ☐ Yes ☐ No (If No? ..... ) **Bed Sourced by NNTP:** ☐ Yes ☐ No

**NAS Dispatch No** ..... **Mode of Transport: Ground** ☐ **Helicopter** ☐ **Fixed Wing** ☐ **Why?** .....

**Vehicle(s)/Aircraft Utilised: NNTP Amb** ☐ **NAS Amb** ☐ **EC135** ☐ **AW139** ☐ **S92** ☐ **CASA** ☐ **Other** .....

**NACC Called** ..... : ..... hrs **NACC Responded** ..... : ..... hrs **Air Transport Request Unfulfilled** ☐ **Reason?** .....

**Outward Air Journey: Take Off** ..... : ..... hrs **Landed** ..... : ..... hrs **Inward Air Journey: Take Off** ..... : ..... hrs **Landed** ..... : ..... hrs

**NNTP Team: Doctor(s)** ..... **Nurse(s)** .....

**Nurse(s)** ..... **Amb. Driver(s)** ..... **Aircrew/Other** .....

## SUMMARY OF INFANT DETAILS RECEIVED BY PHONE

**Patient Name:** ..... **DOB:** ..... / ..... /20 ..... **Sex: M / F** **Time of Birth:** ..... : ..... hrs **Age:** .....

**Gestation:** ..... **wks. Birth Wt.:** ..... **gms Present Wt.:** ..... **gms Apgars @ mins; 1=** **5=** **10=** .

**Surgical?** **Medical?** **Cardiac?** **Cong Abnormality?** **Diagnosis:** .....

**Infection Risk:** ☐ **No** ☐ **Yes** (If Yes? ..... )

**Current problems:** .....

## CURRENT MANAGEMENT/STATUS PRIOR TO TRANSFER

| AIRWAY | | | | | | ADVICE |
|---|---|---|---|---|---|---|
| Ventilation Mode | | Resp Rate | ETT Size | ETT Taped cms@lips | Chest X-Ray | |
| **BREATHING** | | | | | | |
| FiO2 % | PIP | PEEP/CPAP | Vent Rate | Tinsp | SaO2 Pre-duct / Post-duct | |
| BLOOD GAS Time | Site | pH | $CO_2$ | $O_2$ | HCO3 / BEx / Lactate / Bl.Sugar | |
| **CIRCULATION** | | | | | | |
| HR | IBP / NIBP | S / D | M | Perfusion | Cap Refill / HgB / Plts | |
| IA Access | Peripheral / UAC | | IV Access | Peripheral / UVC / Cent. | | |
| Fluids | Tot. Rate.....mls/kg/day | | Bolus(s) | | Dose(s) | |
| Type? 1. | | | Type? 1. | | | |
| 2. | | | 2. | | | |
| 3. | | | 3. | | | |
| 4. | | | 4. | | | |
| 5. | | | 5. | | | |

| DRUGS | DOSAGE | ADVICE |
|---|---|---|
| Morphine | ☐ | |
| Muscle relaxants | ☐ | |
| Surfactant | ☐ | |
| Inotropes | ☐ | |
| Antibiotics | ☐ | |
| Prostin | ☐ | |
| Anti-Convulsants | ☐ | |
| Nitric Oxide | ☐ | |
| Other | ☐ | |

**ENVIRONMENT**

Core Temp. / Set Temp

**FURTHER INFORMATION**

Consent? Yes ☐ No ☐

Seen by Mother? Yes ☐ No ☐

Religious Rites? Yes ☐ No ☐

Completed by:

**Signature / Title:**

| LOG | Date: ___/___/___ | Name: | | | | Transport No. | | | | | | DOB. ___/___/___ |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Time ⇨ | : | : | : | : | : | : | : | : | : | : | : | : |
| | Status | 1 | | | | | | | | | | | |
| VITAL SIGNS | Axilla / Core Temp | | | | | | | | | | | | |
| | Skin Temp. | | | | | | | | | | | | |
| | Inc. Set/Inc.Temp. | | | | | | | | | | | | |
| | Heart Rate | | | | | | | | | | | | |
| | Perfusion | | | | | | | | | | | | |
| | IBP ☐ NIBP ☐ Mean | | | | | | | | | | | | |
| | BP Systolic/Diastolic | | | | | | | | | | | | |
| | Respiratory Rate | | | | | | | | | | | | |
| | Colour | | | | | | | | | | | | |
| | SaO2 Pre-Ductal / Post-Ductal | | | | | | | | | | | | |
| | ETCO2 | | | | | | | | | | | | |
| VENTILATION | **ETT Size** | | | | | | | | | | | | |
| | **ETT Taped at:** | | | | | | | | | | | | |
| | Mode | | | | | | | | | | | | |
| | Air Entry R/ L | | | | | | | | | | | | |
| | Resp Effort | | | | | | | | | | | | |
| | FiO2 | | | | | | | | | | | | |
| | Flow Rate | | | | | | | | | | | | |
| | Ventilator Rate | | | | | | | | | | | | |
| | PIP | | | | | | | | | | | | |
| | Peep ☐ / CPAP ☐ | | | | | | | | | | | | |
| | Inspiratory Time | | | | | | | | | | | | |
| | I: E Ratio | : | : | : | : | : | : | : | : | : | : | : | : |
| | Tidal Volume | | | | | | | | | | | | |
| | Humidity Temp: Set/Actual | | | | | | | | | | | | |
| | ETT Suction/ Oral suction | | | | | | | | | | | | |
| NO THERAPY | MAP | | | | | | | | | | | | |
| | Oxygenation Index | | | | | | | | | | | | |
| | NO ppm/Flow Rate | | | | | | | | | | | | |
| | NO - (NOx Box) | | | | | | | | | | | | |
| | NO2 - (NOx Box) | | | | | | | | | | | | |
| | NO - environment | | | | | | | | | | | | |
| | NO2-environment | | | | | | | | | | | | |
| | Cylinder Content | | | | | | | | | | | | |
| | Meth Hgb. | | | | | | | | | | | | |
| BLOOD TESTS | pH | | | | | | | | | | | | |
| | PCO2 | | | | | | | | | | | | |
| | PO2 | | | | | | | | | | | | |
| | HCO3 | | | | | | | | | | | | |
| | BE | | | | | | | | | | | | |
| | Lactate | | | | | | | | | | | | |
| | Haemcue/Bld.Gluc | | | | | | | | | | | | |
| | Hgb | | | | | | | | | | | | |
| | Hct | | | | | | | | | | | | |
| | Platelets | | | | | | | | | | | | |
| COMMENTS | Abdominal Girth | | | | | | | | | | | | |
| | Apnoeas/ Bradycardias/ Desaturations | | | | | | | | | | | | |
| | OTHER | | | | | | | | | | | | |



**Status 1.*** On Arrival at Referring Unit

**Status 2.** In Referring Unit.

**Status 3.** On Transfer to NNTP's Incubator.

**Status 4.*** On Departure from Referring Unit

**Status 5.** On transfer into Ambulance / Aircraft.

**Status 6.** En-route in Ambulance / Aircraft.

**Status 7*** On arrival at Receiving Unit

**Status 8.** On Transfer To Incubator In Receiving Unit

***Please Record Status 1, 4 & 7 on All Transfers and Others as Necessary**

**Output**

| TIME | URINE | BO | O/NGT | ICC |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| TOT | | | | |

| Fluids ⇨ | 1. | 2. | 3. | 4. | 5. | 6. |
|---|---|---|---|---|---|---|
| TOTAL Mls./KG/Day | Dose/ Rate<br>Via | Dose/ Rate<br>Via | Dose/ Rate<br>Via | Dose/ Rate<br>Via | Dose/ Rate<br>Via | Dose/ Rate<br>Via |
| Ordered By: ⇨ | Dr's Signature | Dr's Signature | Dr's Signature | Dr's Signature | Dr's Signature | Dr's Signature |
| Time | Rate Set / Del. / Site OK? | Rate Set / Del. / Site OK? | Rate Set / Del. / Site OK? | Rate Set / Del. / Site OK? | Rate Set / Del. / Site OK? | Rate Set / Del. / Site OK? |
| : | | | | | | |
| : | | | | | | |
| : | | | | | | |
| : | | | | | | |
| : | | | | | | |
| : | | | | | | |
| : | | | | | | |
| : | | | | | | |
| Given By: ⇨ | Nr's Signature | Nr's Signature | Nr's Signature | Nr's Signature | Nr's Signature | Nr's Signature |

**Pre Departure Check List**

- ET Secure? ☐
- Lines Secure? ☐
- Consent? ☐
- Name Bands? ☐

**Team Crosscheck Completed Pre-departure in Referring Unit?**

Yes ☐ No ☐

Initials.....

| Tot Rate / Tot Del |
|---|
| |
| |
| |
| |
| |
| |
| |
| |
| Total |

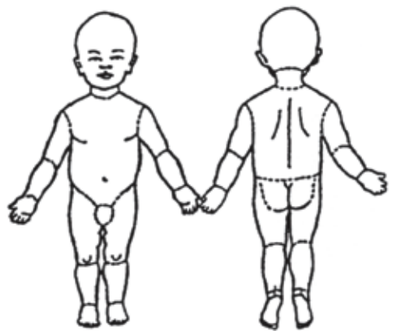
**DRUGS GIVEN BY NNTP TEAM**

| Time | Drug | Dose | Route | Doctor's Signature | Nurse's Signature |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

**PHYSICAL ASSESSMENT BY NNTP DOCTOR IN REFERRAL HOSPITAL.**

| CVS | CNS/ |
|---|---|
| Pulses | State of Consciousness |
| ECG Rhythm | Muscle Tone |
| Murmurs | Reflexes |
| Pre-Cordial Activity | Fontanelles/ Sutures |
| Perfusion | Head Circumference |
| **RESP** | **GIT** |
| Colour | Abdomen |
| Character | Bowel Sounds |
| Breath Sounds | Mouth /Palate/Nose |
| **SKIN** | **GU/Extremities** |
| Colour | Abnormalities |
| **Other** | |

**ABNORMAL FINDINGS**



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**Dr's Signature** .....

WHITE COPY TO COORDINATOR



YELLOW COPY TO PATIENT NOTES

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

NATIONAL NEONATAL TRANSPORT PROGRAMME

# CONTINUATION SHEET

**Patient's Name:** **Transport No:**

| Date and Time | | Signature/ Prof. Reg. Number |
|---|---|---|
| | | |



| Date and Time | | Signature/ Prof. Reg. Number |
|---|---|---|
| | | |

WHITE COPY TO COORDINATOR



YELLOW COPY TO PATIENT NOTES