PREAMBLE

The NICU Repatriation team is a skilled team of registered nurses (RN) and registered respiratory therapists (RRT). They are responsible and accountable for the application of current theory and research in the delivery of family centered patient care consistent with the philosophy, objectives, vision and mission of the IWK Health Centre. They provide care to stable infants who are being transported to a hospital, closer to home, via EHS.

POLICY STATEMENTS

1. These guidelines will provide consistent information to support the transfer of stable infants from the Neonatal Intensive Care Unit (NICU) using the NICU Repatriation Team and Emergency Health Services (EHS) to a hospital closer to their place of residence.

2. Registered Nurses and Registered Respiratory Therapists completing transports must satisfy the following criteria:

   Registered Nurse:
   - Minimum one (1) year Level 3 Neonatal Intensive Care experience for Level 1 transfers
   - Minimum two (2) year Level 3 Neonatal Intensive Care experience for Level 2 transfers
   - Current NRP is a prerequisite
   - Current CPR Level-C Healthcare Provider
   - NICU Repatriation Day certification within the last 12 months required

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- EHS ground safety brief vehicle certification within the last 12 months required (appendix B). This is an annual requirement as per IWK.

Registered Respiratory Therapists:
- Minimum one (1) year Neonatal Intensive Care experience
- Certified Emergency Team (E team) member
- Certified for a minimum of 5 neonatal intubations
- Current NRP is a prerequisite
- Current CPR Level-C Healthcare Provider
- NICU Repatriation Day certification within the last 12 months required
- EHS ground safety brief vehicle certification within the last 12 months required (appendix B). This is an annual requirement as per IWK.

GUIDELINES

1. Level 1 Transfer:
   - Transfer for infants with corrected gestational age greater than 34 weeks or weight greater than 1800 g who have mild illness expected to resolve quickly or who are convalescing after intensive care
   - Ability to initiate and maintain intravenous access and medications
   - Low flow nasal oxygen with oxygen saturation monitoring (e.g., for infants with chronic lung disease needing long-term oxygen and monitoring)

2. Level 2 Transfer:
   - Transfer of infants with a corrected gestational age of 32 weeks or greater or a weight of 1500 g or greater who are moderately ill with problems expected to resolve quickly or who are convalescing after intensive care; Transfers outside of these parameters must be a team discussion/decision
   - Peripheral intravenous infusions and possibly parenteral nutrition for a limited duration
   - Continuous positive airway pressure (CPAP), High flow nasal cannula, mechanical ventilation or intravenous infusion, total parenteral nutrition, and possibly the use of umbilical central lines and percutaneous intravenous central lines

Receiving Hospitals

- Please refer to Appendix B for a list of receiving hospitals.

PROTOCOL

1. Once the NICU team defines the infant as ready for transfer to another health center, the NICU Medical Doctor (MD) or Neonatal Nurse Practitioner (NNP) calls the receiving MD for acceptance. The NICU DPC (Discharge Planning Coordinator) or
Clinical Leader (CL) then calls the receiving nurse manager for acceptance (see Appendix A).

2. If accepted, the DPC/CL decides what personnel are required for the transport. Is a respiratory therapist required? If yes, the DPC/CL contact RRT clinical leader to arrange RRT personnel. Then call emergency Health Services to arrange for the ambulance & specific transport time.

3. If the receiving hospital is not able to accept for care at this time, will call again at a mutually agree time.

### Infant Condition / Staff Required

<table>
<thead>
<tr>
<th>Infant Condition</th>
<th>RN</th>
<th>RRT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Level 1 Transfer</td>
<td>Level 2 Transfer</td>
</tr>
<tr>
<td>1. Stable feed/grow with IV</td>
<td>✔</td>
<td></td>
</tr>
<tr>
<td>2. Stable feed/grow on Low flow 02</td>
<td>✔</td>
<td></td>
</tr>
<tr>
<td>3. Stable feed/grow on High Flow 02</td>
<td>✔</td>
<td>Case by case</td>
</tr>
<tr>
<td>4. Stable CPAP</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>5. Stable vent</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>6. Stable tracheostomy</td>
<td>✔</td>
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</tr>
<tr>
<td>7. Palliative vent</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>8. Palliative non-vented</td>
<td>✔</td>
<td>Case by case</td>
</tr>
</tbody>
</table>

### PROCEDURE

#### Equipment Preparation

1. Level 1 Transfers - Transport incubator, nursing supply bag, developmental aids, and nutrition. Ensure using check list Appendix C.

2. Level 2 Transfers - Transport incubator with advanced respiratory equipment, nursing supply bag, RRT supply bag, developmental aids, and nutrition. Ensure using checklist Appendix C.

#### During Transfer

1. Monitor and provide care to ensure safe transport

2. Document

#### Upon Arrival

1. Assist with transfer to accepting unit care area
2. Give verbal report on patient’s history and transport status, to accepting health care provider

Upon Return
1. Transport incubator will be placed outside unit aides’ room for cleaning
2. Supply bags will be cleaned and restocked by RN & RRT, then will remain with the incubator
3. Document

DOCUMENTATION

1. Document care provided on the *NICU Return Transport Flow Sheet*, found on eAccess. Permanent Health Record - IWK_NIRE

REFERENCES

http://pediatrics.aappublications.org/content/130/3/587/T1.expansion.html

FORMS
IWK_NIRE - NICU Return Transport Flow Sheet
APPENDIX A - Decision Tree Algorithm

**EHS policy** – Due to the volume of health care personnel, parents may have to find alternate transportation if RRT accompanying infant on transfer (case by case)
## APPENDIX B- Accepting Hospitals

<table>
<thead>
<tr>
<th>Nova Scotia</th>
<th>Accepting transfer</th>
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</thead>
<tbody>
<tr>
<td>Antigonish</td>
<td>Level 1</td>
</tr>
<tr>
<td>Cape Breton Regional</td>
<td>Level 1</td>
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<td>New Glasgow</td>
<td>Level 1</td>
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<tr>
<td>South Shore Regional</td>
<td>Level 1</td>
</tr>
<tr>
<td>Truro</td>
<td>Level 1</td>
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</table>

<table>
<thead>
<tr>
<th>Prince Edward Island</th>
<th>Accepting transfer</th>
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<tbody>
<tr>
<td>Charlottetown (Queen Elizabeth)</td>
<td>Level 1</td>
</tr>
<tr>
<td>Summerside</td>
<td>Level 1</td>
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</table>

<table>
<thead>
<tr>
<th>New Brunswick</th>
<th>Accepting transfer</th>
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<tbody>
<tr>
<td>Moncton:</td>
<td>Level 1, Level 1</td>
</tr>
<tr>
<td>- George Dumont</td>
<td>Level 2</td>
</tr>
<tr>
<td>- Moncton City</td>
<td>Level 2</td>
</tr>
<tr>
<td>Fredericton</td>
<td>Level 1, Level 1</td>
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<tr>
<td>Saint John Regional</td>
<td>Level 1, Level 1</td>
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Appendix C- EHS LifeFlight Ground Ambulance Safety Briefing

EHS LifeFlight Ground Ambulance Safety Briefing
Completed Semi Annually

Topics Covered:
1. Location and use of seatbelts/restraints
2. Location and function of oxygen and suction
3. Safety concerns for both patient and staff
4. Proper procedure for loading and unloading of a patient
5. Proper securing/storage of equipment
6. Safety measures, capabilities and limitations of each ambulance
7. Fire extinguisher location and procedure to be followed in the event of a fire
8. Road Hazard equipment, location and utilization
9. Function of interior features:
   a. Inverter
   b. Lights
   c. Heater
   d. Hooks

Name: _____________________________
Date Completed: ____________________
Operation: _________________________

This is to certify that the candidate has received the EHS LifeFlight required aircraft safety training from Emergency Medical Care.

Please Print Name

______________________________
Signature of EMC Paramedic

______________________________
Signature of Candidate

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OP3PO150710
APPENDIX D- Return Transport Checklist

**Return Transport Checklist**

### Equipment #1
- Transport Incubator plugged in & warmed
- Cardiac monitor with leads
- EKG/Sat modules for monitor
- RN check oxygen tank
- RT check vent
- Thermometer sheaths for machine on transport incubator
- Transport bags RN/RRT

### Equipment #2 (from baby’s bedside)
- Stethoscope (from the baby’s side)
- SaO2 probe & EKG lead if needed
- PPV bag and O2 tubing/mask
- Personal items (clothing/toys/birth card)
- Diapers/diaper wipes/Vaseline/beside cream
- Soother
- Feeding supplies:
  - EBM/formulas (if special formula, take extra to ensure availability)
  - Double check EEM
  - Feeding tube/syringe x # of feeds
  - Nipple/volu- feeder/bottles
  - Frozen EBM – Prepared by the milk room, please give as much notice as possible.
- Linen
- TPN – Pharmacy needs to be notified no later than 1300 hrs the day prior to the transport
- Medication
  - cMAR
  - Med reconciliation
  - Travel meds as prepared by pharmacy

### Documentation
- Photocopied chart
- Clipboard
- Transfer Documentation package:
  - □ Transfer checklist
  - □ Family Learning Summary
  - □ Interdisciplinary Sheet/Progress Note
  - □ Nursing Report
  - □ Discharge Summary
  - □ Dr. Order Sheet
  - □ Public Health Form
  - □ Transfer to NICU
  - □ Stamped NICU return transport flow sheet – bring original back to ward clerk – leave a photocopied one.

****** UPON RETURN ******
- □ Have the EHS staff return incubator to lowered level position.
- □ EMERALD
- □ Send equipment for cleaning
- □ Restock transport bag/discard any used or wet items

[Link to document](http://nicueducation/httpdayreturntransportchecklist/)

* * *
District Health Authority/IWK Policies Being Replaced

This is a new IWK Health Centre Policy

Version History

(To Be Completed by the Policy Office)

<table>
<thead>
<tr>
<th>Major Revisions (e.g. Standard 4 year review)</th>
<th>Minor Revisions (e.g. spelling correction, wording changes, etc.)</th>
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