

Name: _____
 DOB: _____
 CHI: _____

PRE ARRIVAL CHECKLIST RECEIVING UNIT:

COT CONFIRMED?

ALL BABIES

ALL babies requiring transport:

Two name-bands completed and attached to the baby

Badger letter completed and two copies available

Nursing letter completed

All IV fluids drawn up in 50ml syringes

Parents' details completed (*names, telephone numbers*)

EMERGENCY TRANSFERS

Emergency / Intensive Care Transports: (as ALL babies box plus)

Patent intravenous access

Recent gas (*within last hour or at last ventilation change*)

Gastric tube inserted

Recent blood spot and blood glucose

Consultant to consultant referral made

If ventilated:

Chest X-ray performed with endotracheal tube position visible

If decision has been made to commence therapeutic hypothermia:

Document criteria for cooling including neurological examination

ELECTIVE

Elective / Back to Base transports: (as ALL babies box plus)

EBM collected if appropriate (*we carry 1 small freezer bag*)

Parents' personal effects packed (*one small bag please*)

Patient growth chart copied and available

Bloodspot card available

Routine baby check documented in badger

We always try to take one parent when we are transporting their baby. However, we are unable to transport mothers who are still inpatients. *Please do not promise travel to parents without discussing with the transport team first.* For Elective transfers please contact local office directly on: **WEST:** 0141 810 6672

SOUTHEAST: 0131 242 2673 (PAGER: 07659 513 503) **NORTH:** 01224 554 073 (MOBILE 07500 573 221)

TO REQUEST SCOTSTAR ADVICE OR EMERGENCY RETREIVAL PLEASE CALL: 03333 990 222