

Checklist for Transfer for Investigation

Name:	_____
DOB:	_____
UHPI/CHI:	_____

RIE Consultant: _____ RHSC Surgeon: _____ Date: _____

CONTRAST STUDIES:

If postnatal ward, does baby need admitted to NNU?	YES	NO
Does baby need IV access?	YES	NO
(if baby clinically well and contrast will be conducted in timely fashion, consider no IV fluids)		
Naso/oro-gastric tube placed	<input type="checkbox"/>	
Baby last fed at: _____		
Two name bands completed and attached to baby:	<input type="checkbox"/>	
Interim summary / Transfer letter completed and attached	<input type="checkbox"/>	

MRI:

MRI checklist complete for accompanying staff/parents:	<input type="checkbox"/>
Clothing has no metal poppers / binders:	<input type="checkbox"/>
CFM leads removed if were present:	<input type="checkbox"/>
<u>If on IV Fluids or infusions:</u>	
3 infusion sets connected in parallel to continue infusion from outside	<input type="checkbox"/>
MRI compatible pumps set up	<input type="checkbox"/>
<u>If Invasively ventilated:</u>	
RHSC Clinical co-ordinator aware	<input type="checkbox"/>
MRI compatible ventilator prepared	<input type="checkbox"/>
<u>If non-invasively ventilated:</u>	
Switched from HFNC to Argyll prong CPAP	<input type="checkbox"/>
Switched from HFNC to LFNC	<input type="checkbox"/>
Two name bands completed and attached to baby:	<input type="checkbox"/>
Interim summary / Transfer letter completed and attached	<input type="checkbox"/>