

## PRE-TRANSPORT DOCUMENTATION

### Key information required before making the referral call:

Patient demographics	Name	
	Date of birth	
	Gestational age (if relevant)	
	Weight	
	Gender	
	NHS number( if available)	
Location of patient (e.g. ED, Ward)		
Relevant clinical history		
Relevant clinical findings		
Management to date and response to treatment		
Current physiological parameters and radiological and laboratory results		

### Documentation for transfer:

Referral letter			
Copy of medical notes			
Results			
Medication chart			
Safeguarding Documentation			
Images PACS linked	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Hard Copies of ECHO (if relevant)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

### Parents

Present	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Informed re stabilisation and transfer	Yes <input type="checkbox"/>	No <input type="checkbox"/>

### Resources

[STRS Pre transport stabilisation](#)

[Emergency drug calculator](#)

[Age based norms and equipment](#)

[CATS Pretransfer stabilisation](#)

[CATS Transfer by local team](#)

# PRE TRANSPORT STABILISATION CHECKLIST.

(Preferably completed before arrival of the Retrieval Team)

A	Airway		
	Grade of airway		
	ETT Size and length		
	ETT Secured	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	C spine immobilisation	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	NG inserted and on free drainage	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	CXR performed and reviewed	Yes <input type="checkbox"/>	No <input type="checkbox"/>

B	Breathing		
	Adequate ventilation via anaesthetic circuit or ventilator	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	PIP, PEEP, FiO2, SpO2		
	Continuous capnography	Yes <input type="checkbox"/>	No <input type="checkbox"/>
			EtCO2 <input type="checkbox"/>

C	Circulation		
	Peripheral IV access	Site 1 <input type="checkbox"/>	Site 2 <input type="checkbox"/>
	Central IV access, External Jugular or IO	Site 1 <input type="checkbox"/>	Site 2 <input type="checkbox"/>
	Arterial Line	Site 1 <input type="checkbox"/>	
	Fluid resuscitation volume		
	Inotropes -	Agent 1	Dose mcg/kg/min
		Agent 2	Dose mcg/kg/min
		Agent 3	Dose mcg/kg/min
	Dinoprostin	Yes <input type="checkbox"/>	No <input type="checkbox"/>
			Dose ng/kg/min

D	Disability		
	Sedation -	Agent 1	Dose
		Agent 2	Dose
	Pupils	Right	Left
	Is neuroprotection required and initiated	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Trauma patients	C spine immobilisation <input type="checkbox"/>	Secondary survey <input type="checkbox"/>

E	Exposure	
	Temperature	
	Pressure areas protected	

F	Fluids	
	Maintenance Fluids	Type
	Blood Glucose	Time
		Rate
		Level