



Clinical Practice Policy:	Transfer of Infants To and From BWH Newborn Intensive Care Unit (NICU)
Effective Date:	November 7, 2016 Newborn Clinical Practice Council Review and Approval <u>7/14/2016</u> Nursing Steering Committee Review and Approval <u>7/20/2016</u>

I. Purpose

The purpose of this clinical practice policy (CPP) is to provide information about services available to facilitate transport of NICU patients. This CPP addresses two types of transports:

- 1) Transport of critically ill and premature infants from outside hospitals to BWN NICU
- 2) Transport of level II infants from BWH NICU to a community hospital

II. All CPGs will rely on the [NICU Nursing Standards of Care](#). All relevant nursing PPGs are listed below.

- 1) [WNH Standard Policy Statements](#).
- 2) [WNH H.1 CWN Hand-Off Communication](#).
- 3) [WNH I.1 Infant Identification](#).
- 4) [NICU A.1 NICU Admission Policy](#).
- 5) [NICU B.4 Administration of Blood and Blood Products](#).
- 6) [WNH S.6 Obtaining State Newborn Screening Samples](#).
- 7) [WNH H.6 Human Milk Administration](#)
- 8) [WNH C.7 Perinatal Code Help Guidelines](#)
- 9) [Partner Neonatal Transport Intake Form](#)
- 10) [Partners Neonatal Transport Program-How to Manage a Transport Request](#)
- 11) [Partners Neonatal Transport Program Algorithm NWH](#)
- 12) [Partners Neonatal Transport Algorithm Steward Hospitals](#)

III. Scope

These guidelines apply to specific NICU infants as outlined above.

IV. Guidelines

Transport to BWH from an Outside Hospital

1. Transports are performed by Boston MedFlight (BMF). BMF Communication Center phone number is 800-233-8998.



2. BWH NICU fellow is the Medical Control and holds the transport cell phone (617-735-7451). The role of the Medical Control is to receive transport calls from BMF, provide guidance to the referring clinician and the transport team, and update the BWH NICU team regarding inbound transports.
 - The Delivery Room (DR) neonatologist serves as back up to the Medical Control, but if DR neonatologist is not available then Medical Control may discuss transport cases with any of the on-service attendings.
3. When a transport call is received, BWH NICU Medical Control will discuss details of the case with the referring hospital team and the BMF team per the transport intake sheet which are found in the red Transport Binders at the Unit Coordinator desk and in the fellow on-call room, or on the [DPNM intranet site](#).
4. NICU Nurse-in-Charge and Medical Control will determine:
 - If the NICU census and acuity allows for a transfer in.
 - To which care room the infant will be admitted.
5. If the sole reason for transfer to BWH NICU is for PO feeding management, the receiving neonatologist and the feeding therapist will first talk with medical and nursing staff from the referring hospital, to determine if a phone consult will suffice.
6. If it is determined that the infant would benefit from transfer to BWH NICU for feeding PO management, the timing of the transfer should ideally be at the start of the working week, given that NICU feeding therapy and modified barium swallow clinic only operate on weekdays.
7. If BWH NICU is unable to accept the transport request due to high acuity/census, BWH Medical Control will remain on the conference line with the referring hospital provider and the BMF communications center to facilitate finding an available NICU bed at another facility (MGH, etc.)
8. The Transport Medical Control Fellow will call a “team huddle” after a transport call is received to inform the NICU staff (unit coordinators, nursing, respiratory therapists, physicians) of the details of the transport.
 - The admitting nurse should be included in this team huddle if he/she is on shift at that time.



9. Once BMF team has arrived at referring hospital, they will call BWH medical control to give a bedside report and further discuss medical management.
10. An estimated time of arrival at BWH NICU may be provided by the BMF team at the time of the bedside report. Alternately the BMF team will call BWH Medical Control prior to leaving the referring hospital to give any additional clinical updates and provide an estimated time of arrival at BWH NICU. This estimated time of arrival should be conveyed by the Medical Control to the relevant BWH NICU team.
11. On arrival at BWH NICU, the BMF team will inform the unit coordinator of their arrival. The unit coordinator will inform the BWH admitting team of the transport arrival.
12. Upon admission, RN, LIP (Licensed Independent Practitioner)/medical team (neonatologist, fellow and resident) and RRT will receive report from the BMF team.
13. Referring hospital ID bands will be confirmed by BWH RN and BMF team and BWH ID bands will be applied once infant is stabilized. Parent(s) ID bands may be taped to bedside if parent(s) are not immediately available for banding.
14. BWH RN, attending neonatologist, admitting resident and fellow and/or other LIP will review accompanying records and perform an assessment of the infant including, but not limited to: physical exam, TPR, BP, perfusion, check of any surgical sites, lines, IV fluids and medications infusing, tubes, drains, level of comfort/pain.
 - Document in electronic health record (EHR) per NICU Standards of Care
15. Admitting physicians and or other LIP will write specific admission orders.
 - Infants not born at BWH require 2 mls of blood sent to blood bank in a **purple top pedi tube** with RN initials on label (not in a purple microtainer as with all other NICU admissions)
16. Any reason for contact precautions should be reviewed by referring hospital. Infants greater than 3 days old will have surveillance MRSA screening results reported in handoff. Infant will be placed on appropriate precautions as necessary.
17. Notify parent(s) that infant has arrived at BWH when appropriate.
18. Maternal transfer to BWH may be facilitated by the referring hospital obstetric team contacting MD Connect at 617-732-8903 to determine postpartum bed availability and discuss clinical details.



Transport from BWH to a Community Hospital

1. Attending neonatologist should determine if the infant is appropriate for transfer to a community hospital and the infant should meet the admission criteria of the receiving hospital prior to transfer.
2. Infant's insurance carrier must approve transport prior to transfer of infant to the receiving hospital. NICU Continuing Care Coordinator will coordinate this process and will document clearly in the progress note section the status of the insurance process.
3. Bed availability at the receiving facility must be confirmed prior to transport being confirmed. Care Coordinator will call to confirm available bed(s).
 - Phone numbers and information about community hospitals are available at NIC desk in binder.
4. Licensed Independent Provider (LIP)/RN/Care Coordinator (CC) must obtain signed transport consent from the parent(s) prior to transfer.
 - Telephone consents for transfer require 2 clinician signatures.
5. Attending neonatologist must contact the private pediatrician or neonatologist at the receiving hospital for clinical sign out and acceptance of transfer.
6. Documentation:
 - Discharge (D/C) physical exam (PE) must be completed and documented within 24 hours prior to transfer.
 - A copy of after visit summary (AVS) (which includes Newborn/NICU AVS, Patient Care Referral Form and Newborn PCP report) must be sent to the community hospital.
 - Copies of documentation included in the paper chart (i.e newborn screen records, eye exam reports, echocardiogram reports, consents) must be copied and sent to the community hospital.
7. Transport will be coordinated and scheduled by NICU Care Coordinator (Monday-Friday) or charge nurse (weekends) with BMF. NICU Care Coordinator will call the receiving hospital the morning of a scheduled transfer to confirm bed availability before BMF team arrives.
8. When transfer occurs before scheduled exams occur (i.e. eye exam, hearing screen, HUS), the infant must be able to have the exams at the accepting hospital. Primary RN/NIC/LIP must verify that the receiving hospital has appropriate services.
9. Referrals to Early Intervention, Infant Follow-up Program & VNA will be made by the community hospital.



10. Confirm if the receiving facility has PDHM available if infant is currently using or in the process of weaning off of PDHM.
11. RN will notify Unit Coordinator (UC) of pending transfer as soon as possible.

Pre-Transfer Checklist (to be completed at the time of transfer):

1. Complete required documentation in EHR and print after visit summary to accompany the infant.
2. Newborn screening must be completed within **72 hours** prior to infant transfer.
3. Ascertain that the infant has 2 ID bands on ankles. RN will re-band if infant does not have 2 ID bands on.
4. Pack infant's frozen human milk for transport in a cooler without ice or ice pack.
 - Placing ice (unless it's dry ice) speeds up thawing as the ice melts.
 - All frozen milk should be placed in a separate cooler from thawed/fresh human milk to ensure that it stays frozen for the duration of the transport.
 - Milk that has partially thawed can be refrozen once as long as there are still ice crystals throughout.
 - Milk that is thawed/fresh should be packed together in a separate cooler with ice packs.
5. If the infant is receiving any PO feeds, the RN should check the infant's feed plan to determine the bottle/nipple system that is being used (feed plans are detailed on an orange laminated sheet at the bedside, also in the RN/ feeding therapy note in EHR).
 - Provide at least 4 sets of the infant's feeding equipment to go with the infant.
 - If the infant is using special/ reusable feeding equipment (e.g. Dr Brown's bottles and nipples), also provide a microwave steam cleaner bag to go with the infant.
6. Collect belongings of the infant.
7. RN will call the nurse at the receiving facility to give report.
8. LIP will sign out to attending physician at the receiving hospital.
9. RN gives report to BMF transport team. Report includes but is not limited to:
 - Information related to infant's hospital status.
 - Precautions for infection control, when applicable.
 - Last name infant will be using if it is different from mother's.
10. BMF transport team will notify the receiving facility of departure from BWH and estimated time of arrival.
11. RN caring for the infant will notify the parent(s) of the infant's departure from BWH.