

## Retrievals of Sick Infants to NICU

### Guideline Responsibilities and Authorisation

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### Guideline Review History

Version	Updated by	Date Updated	Summary of Changes
3	Jenni Richards	Sept 2016	Update
4	Avryl Way & Miranda Bailey	Nov 2021	Update
5	Avryl Way	March 2022	Updated content and flowcharts

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## Retrievals of Sick Infants to NICU

### 1 Overview

#### 1.1 Purpose

To mobilise the Retrieval Team in a timely manner to provide safe and efficient retrieval of a sick or premature baby.

#### 1.2 Scope

Waikato District Health Board (DHB) staff working in NICU/SCBU.

#### 1.3 Patient / client group

Critically unwell babies needing tertiary medical intervention.

#### 1.4 Exceptions / contraindications

A baby may not be retrieved and remain with the family/whanau if the infant is terminal and not for retrieval and/or it is the parental wishes.

#### 1.5 Definitions and acronyms

<b>ACE</b>	After Critical Event (Tool used for after critical clinical events by the team to support reflection of the incident).
<b>ACNM</b>	Associate Charge Nurse Manager
<b>CNS</b>	Clinical Nurse Specialist
<b>COASTN</b>	College of Air & Surface Transport
<b>CPAP</b>	Continuous Positive Airway Pressure
<b>CVAD</b>	Central Venous Access Device
<b>CPAP</b>	Continuous Positive Airway Pressure
<b>GAMUT</b>	Ground and Air Medical Quality in Transport (Data analysis platform for medical transport services to report on transport specific quality metrics to enable tracking and evaluation of performance).
<b>NICU</b>	Neonatal Intensive Care Unit
<b>NNP</b>	Neonatal Nurse Practitioner
<b>PIV</b>	Peripheral Intravenous Line
<b>RN</b>	Registered Nurse
<b>SCBU</b>	Special Care Baby Unit
<b>SMO</b>	Senior Medical Officer
<b>UAC</b>	Umbilical Arterial Catheter
<b>UVC</b>	Umbilical Venous Catheter

## Retrievals of Sick Infants to NICU

### 2 Clinical management

#### 2.1 Roles and responsibilities

##### All Staff

Nursing and medical staff take equal responsibility for the safe retrieval of the baby and the equipment.

#### 2.2 Competency required

- RN that are part of the retrieval team.
- Competent in using the retrieval equipment.
- Current certification in fixed wing/rotary safety.
- Completed the COASTN Aeromedical Retrieval Course
- Completed flight medical assessment

#### 2.3 Equipment

- Equipment designed/certificated for transport.
- Packs/consumables designated for retrieval/transport or required to retrieve baby safely.

#### 2.4 Guideline

- Any call requesting a retrieval should be referred to the NICU SMO on call and the time of call documented (during the day this is the Level III NICU SMO). When the decision has been made to retrieve the baby, this time should also be recorded. The SMO is to inform the ACNM/Nurse Coordinator on duty.
- The Consultant is to notify NNP/CNS/Registrar on call or nominate the person to retrieve. If the Consultant is unable to do this the ACNM/Nurse Coordinator will inform them of the plan to retrieve. The ACNM/Nurse Coordinator will notify the retrieval nurse on call. Document time of organising team.
- The ACNM/Nurse Coordinator will organise transport and document time of call.

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<b>HELICOPTER RETRIEVAL:</b>	<b>026 100 663</b>	Pager service will contact the pilots. Speak to the pilots for confirmation of flight and time of departure. <b>NOTE:</b> Pilots will require names of the team going.
<b>FIXED WING RETRIEVAL:</b>	<b>026 107 380</b> or <b>026 100 663</b> <b>027 498 3163</b>	
<b>AMBULANCE:</b> (NORTHCOM - Emergency Ambulance Communications Centre)	<b>0800 262 665</b>	Might be required for fixed wing retrievals if their bus is not available.
<b>If unable to get hold of pilot(s), ring hospital switchboard to contact above numbers, or for Helicopter team phone the on duty numbers. These can be found on the flow chart.</b> <b>Phone numbers also available on Retrieval Team cell phone.</b>		

- The Ambulance Service will require an AMBUFAX (found in labelled drawer under work bench in Clinical Work Room). Complete and send to the fax number: 1 09 580 7496 and ring NORTHCOM 0800 262 665.
- Ensure the name of the dispatcher and the confirmation number is documented on the AMBUFAX form.
- The dispatcher will need the baby's name and NHI number to arrange the ambulance.
- In "Special Instructions" box, write e.g. baby in car seat, return nurse & equipment to Waikato Hospital NICU, Stryker ambulance with inverter.
- Beside "pick up hospital" (i.e. NICU WAIKATO HOSPITAL), also write "Delivery Suite Ambulance Bay".
- Authorisation number is AMBWH/333. Aircraft call sign: KOH
- Invoice – sent to home domicile hospital e.g. Bay of Plenty, Lakes.

**THESE INSTRUCTIONS CAN ALSO BE FOUND ON THE NOTICE BOARD BESIDE THE ACNM/NURSE COORDINATORS' WORKSTATION IN THE CLINICAL WORK ROOM – FLOW CHART (APPENDIX A).**

- If the Retrieval Team nurse is on duty, the ACNM/Nurse Coordinator will rearrange the allocation of babies to free up the nurse to allow preparation for departure.
- Confirm the time of departure with the NNP/CNS/Registrar and the Retrieval Team nurse.
- If a helicopter retrieval is to be undertaken, arrange for 2 attendants via portal access on Intranet to help with transfer of the equipment to the helipad (arrange for them to be

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in the NICU at least 15 minutes before time of departure to allow for the journey to the helipad).

- The Retrieval Team nurse/NNP/doctor are responsible for preparation of the equipment, however may request assistance if appropriate:

For example

- O2 & Air cylinders full
- Ventilator functioning correctly
- Refrigerated Drugs
- Fentanyl, Morphine
- NEMS
- Surfactant
- Cooling Equipment
- Snacks/Water
- The aim is to be ready in 20 minutes. Time of departure from the unit should be recorded.
- Inform the referring hospital of the estimated time of arrival of the NICU Retrieval Team at the referring destination. ACNM/Nurse Coordinator to liaise and confirm.
- To assist the retrieving team, the team from the referring hospital will stabilise the baby while waiting for the retrieval team to arrive. It may include to:
  - Establish baby's airway e.g. CPAP or intubate if needed.
  - Insert PIV and start IV fluids as per protocol.
  - Insert and secure UAC/UVC if able.
  - Commence antibiotics and other medications as per patient's condition.

The team from the referring hospital might be directed by the NICU SMO as to further management options.

- NICU Retrieval Team will be in close communication with the NICU SMO during the retrieval.
- NICU Retrieval Team will call the NICU ACNM/Nurse Coordinator with their estimated time of arrival in the NICU and supply information about the baby's ongoing medical and nursing needs, to allow for appropriate preparation for the admission.
- The transfer of mothers should only be considered if she is at least D3 postnatal or fully recovered. Parent/Carer can accompany baby at pilot's discretion. Retrieving team to notify the NICU ACNM/Nurse Coordinator so that suitable accommodation can be arranged.
- On arrival to the unit/destination time should be recorded. The receiving medical team (NNP/Reg/SMO), ACNM and bedside nurse should all be at the bedside to receive handover. Baby is to remain in the transport incubator whilst the retrieval team give a

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full handover, then baby can be transferred to incubator/Ohio and the time of case completed recorded. If SMO not present for handover, SMO should be informed of completion of retrieval.

### 2.5 Documentation

The documentation bundle must be completed throughout the transport process, with one copy returning to the retrieval office to be kept on file, and a photocopy placed in the baby's notes under correspondence.

### 2.6 Potential complications

- Clinical deterioration en route.
- Accidental/or unplanned extubation during retrieval.
- CVAD/IV dislodgement/disconnection.
- Injury to patient/team member.

### 2.7 After care

- Retrieval team to debrief using After Critical Event (ACE) tool.
- Retrieval Team Nurse or delegated person will clean the transport incubator following infection control procedure. Restock consumables/bags, return unused Fentanyl/Morphine to the controlled drug cupboard, return fridge medications to the fridge and complete appropriate paperwork and file.

## 3 Patient information

- Breastfeeding Information
- Blood Product Information
- 0800 Number for NICU

## 4 Audit

### 4.1 Indicators

- All retrievals/transport undertaken by the NICU retrieval team.

### 4.2 Tools

- All documented data reported on GAMUT (Ground and Air Medical Quality in Transport) Quality Improvement, <https://www.gamutqi.org/> and evaluated for performance review. Medical team to oversee, report data and make recommendations.

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**5 Evidence base****5.1 Bibliography**

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## Retrievals of Sick Infants to NICU

### Appendix A – Retrieval Flowchart

