



CLINICAL PRACTICE GUIDELINE
NEWBORN EMERGENCY TRANSPORT SERVICE (NETS WA)

Communication Guidelines

This document should be read in conjunction with the [Disclaimer](#)

- Keep in touch with the **referring hospital staff** (get an update on the patient's condition, give advice if necessary, communicate expected time of arrival, etc.) and document all communication and advice on the Transport Call Sheet.
- Keep other **transport team members** informed about the next logistic and medical steps and plans. Always discuss special problems and emergency plans with the ambulance crew/pilot and Flight Nurse.
- Always inform the **parents** about their baby's condition. Give them a copy of the NETS parent information brochure. Obtain consents as listed on the Observation and Management Chart before leaving.
- ALL referral calls will be discussed with the **NETS Fellow, NETS consultant, or both** via the call conferencing system. In addition, after assessing the baby, the retrieving doctor must discuss management of the baby with senior staff, also via the call conferencing system.
- If the baby is not being admitted to Ward 3B, ensure the receiving team (KEMH neonatologist / PICU consultant / ED consultant) are updated on a regular basis. Occasionally, the PICU consultant may be brought into a call conference if additional advice is required.

Procedure on Arrival at Referring Hospital

i - Identify

- Identify the baby.
- **Introduce the team** to the local staff and family of the baby.

S - Situation

- **Rapid assessment of the baby (ABCD)** followed by the appropriate immediate actions.
- Clear a working space around the baby.
- **Plug in cot power and oxygen** to the wall supply.
- **Connect baby to appropriate monitoring.**

o - Observation

- **Document base-line observations and assessment.**

B - Background

- **When baby is stable, obtain detailed history.**

- Perform a **systematic examination**; review all available X-ray and test results.

A - Agree a Plan

- **Attend/order further investigations** (blood gas, X-ray) as indicated and available within a reasonable time frame (Do not waste time obtaining X-rays that will not alter management).
- **Prepare the patient for the transport** (lines? respiratory support? monitoring? gastric tube? IV fluids? medication?)

R - Readback (confirm understanding)

- **Discuss the findings and management plan** with the NETS consultant via the call- conferencing system.
- **Inform the parents** about the baby’s condition and the management plan for the transport.

Document owner:	Neonatal Directorate Management Committee		
Author / Reviewer:	Neonatal Directorate Management Committee		
Date first issued:	August 2009		
Last reviewed:	1 st July 2017	Next review date:	1 st July 2020
Endorsed by:	Neonatal Directorate Management Committee	Date endorsed:	26 th September 2017
Standards Applicable:	NSQHS Standards: 1  Governance, 5  Patient ID/Procedure Matching, 6  Clinical Handover		
<p>Printed or personally saved electronic copies of this document are considered uncontrolled. Access the current version from the WNHS website.</p>			