Pre-transfer Checklist

AIRWAY

☐ ETT Tube secured

- Use red Elastoplast tape – Melbourne strapping (see KIDS website/App)
- Do not use pre-cut ET Tubes

☐ ETT Tube appropriate size and length

- **Uncuffed ETT Internal diameter (mm): Age/4 + 4**
  Length (cm):
  Oral ETT -Age/2 + 12
  Nasal ETT - Age/2 + 15

☐ Insert Nasogastric tube and leave on free drainage

- all ventilated patients
- NPSA compliant gastric tube

☐ Add appropriate size HMEF filter for patient size

BREATHING

☐ Attach end tidal CO2 monitoring

☐ ET tube position confirmed on CXR

- Tip at T2 on CXR ideal for transfer

☐ Ensure adequate ventilation

- Ensure adequate PEEP (4-6cm)
- Regular blood gases

CIRCULATION

☐ Minimum 2 IV access points for transfer

- Discuss inotrope options with KIDS consultant.
- In life threatening situations peripheral inotrope infusions can be used.
- Gain IO access until central venous access can be obtained.

☐ Regular BP measurements

☐ Arterial line sited if on inotropes

☐ Appropriate IV maintenance fluids

☐ Monitor urine output

- consider insertion of urinary catheter

DISABILITY/EXPOSURE

☐ Adequate sedation and muscle relaxant

- see KIDS Drug Calculator
- all infusions must be labelled and in Luer lock 50ml syringes

☐ Pupil reaction regularly monitored

☐ C-Spine protection*

☐ Continuous temperature monitoring*

*as appropriate

DOCUMENTATION & COMMUNICATION

☐ Update family on child's condition and plans for transfer

- Up to 2members of the family can usually travel in the ambulance

☐ Photocopy patient notes, recent blood results & drug chart.

☐ Transfer letter with relevant history and interventions at referring hospital.

☐ All imaging via PACS to receiving hospital

☐ **Highlight and document any social/safeguarding concerns**

☐ For babies less than 1 month please consider having a maternal blood sample for cross-match.

For further assistance call KIDS referral line 03002001100