TRANSPORT TEAM APPENDIX DOCUMENT Intensive Care

KIDSNTS No.		
BCH No.		
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REFERRAL DATE/TIME	D	D	M	M	Y	Y	Y	Y	HH	MM

THIS DOCUMENT SHOULD BE USED IN CONJUNCTION WITH MAIN TRANSPORT DOCUMENT WHERE APPROPRIATE

PATIENT DETAILS										
FIRST NAME									FAMILY NAME	
DATE OF BIRTH	D	D	M	M	Y	Y	Y	Y	AGE	
GENDER	M	F	NOT KNOWN	CURRENT WEIGHT						KGS
PROVISIONAL DIAGNOSIS										
INFECTION RISK										

SAFEGUARDING				
			NAME OF PERSON INFORMED	
KIDSNTS CONSULTANT INFORMED	☐ Yes	☐ No		
REFERRING CONSULTANT INFORMED	☐ Yes	☐ No		
ADMITTING CONSULTANT INFORMED	☐ Yes	☐ No		
ADMITTING REGISTRAR / ANP INFORMED	☐ Yes	☐ No		
DOCTOR / ANP ACCEPTING ACCOUNTABILITY	NAME		SIGN	DATE & TIME
SAFEGUARDING INITIATED BY	☐ REFERRAL HOSPITAL		☐ KIDS	
SAFEGUARDING DETAILS – DATE, TIME & SIGN ALL ENTRIES				

NAME	BCH NUMBER	KIDSNTS NUMBER			BLOOD TRANSFUSION & URETHRAL CATHETERISATION

BLOOD PRODUCT TRANSFUSION including Human Albumin Solution

Date & Time	Product		Reason for transfusion	Amount	Formula Used	Unit Number		Start Time	End Time
Consent Obtained	☐ YES	☐ NO	Prescriber Sign				Nurse Sign		
			GMC / NMC Number						
Date & Time	Product		Reason for transfusion	Amount	Formula Used	Unit Number		Start Time	End Time
Consent Obtained	☐ YES	☐ NO	Prescriber Sign				Nurse Sign		
			GMC / NMC Number						
Date & Time	Product		Reason for transfusion	Amount	Formula Used	Unit Number		Start Time	End Time
Consent Obtained	☐ YES	☐ NO	Prescriber Sign				Nurse Sign		
			GMC / NMC Number						

URETHRAL CATHETER INSERTION

Catheter Inserted by :

Date catheter inserted……………………………….
Catheter identification number & expiry date
Urinary catheter sticker

REASON FOR INSERTION

☐ For relief of acute or long term urinary retention	☐ To enable accurate urine output measurement	☐ Neurological bladder failure (spinal injuries)	☐ Instillation of drugs	☐ Post-operative drainage of urine	☐ Incontinence (when all other methods are not acceptable)

Need & potential complications for a urinary catheter explained to child (where possible) and family and verbal consent obtained (where appropriate)? ☐ YES ☐ NO

The appropriate size urine catheter has been selected? (Guide available in policy) Catheter size ……………& amount of sterile water inserted into the balloon………………mls

Hands decontaminated before procedure? ☐ YES ☐ NO	Trolley cleaned ☐ YES ☐ NO	A sterile dressing towel is used ☐ YES ☐ NO	Wearing non-sterile gloves clean the urethral meatus with sterile saline? ☐ YES ☐ NO	Sterile anaesthetic lubricant? Wait for 3-5 minutes ☐ YES ☐ NO
Remove non sterile gloves, apply alcohol gel and then put on sterile gloves? ☐ YES ☐ NO	Insert the urethral catheter using an aseptic non touch technique (ANTT) ☐ YES ☐ NO	ANTT is used to connect the urine catheter to a sterile closed drainage bag? ☐ YES ☐ NO	Used equipment disposed of in the clinical waste? ☐ YES ☐ NO	Hands were decontaminated after procedure? ☐ YES ☐ NO

NOTES

NAME	BCH NUMBER	KIDSNTS NUMBER			INTUBATION CHECKLIST PAGE 3 / 4

Pre-Intubation Checklist

Birmingham Children's Hospital NHS
NHS Foundation Trust

Positive-Response Checks

Prepare patient

- History of dificult intubation? Yes? Why? ☐
- Loose teeth? ☐
- Pre-oxygenated? ☐
- Cardiovascularly stable? ☐ No? Optimise.
- Appropriate position? ☐

Prepare Equipment

- Apply Monitoring. ☐
- Saturation Volume turned on? ☐
- All equipment available? ☐
- All drugs and fluid available? ☐
- Suction working? ☐
- Oxygen on? ☐

Prepare Team

- Team leader? ☐
- Introductions ☐
- Anesthetic team present? ☐
- Role assignment ☐
- Plan A and B of intubation. ☐

Equipment Needed

Oral Airway ☐	Suction ☐	Oxygen ☐	Self-Inflating bag ☐
Oxygen mask ☐	Fluid & Drugs ☐	ET Tubes ☐	Stylet & Boogie ☐
Laryngoscopes ☐	Lubricant Gel ☐	Anaesthetic Circuit ☐	Magills Forceps ☐
$ETCO_2$ Monitor ☐	Syringe ☐	Stethoscope ☐	Tape ☐

Pre-Intubation Checklist V2(5) January 2014. A.Gyles/A. Miedema.(AG/Reviewed July 2016) Review July 2018

NB. For intubations in the NICU where checklist states 'Local Anaesthetic Team to be Present' this should be taken as 'Local Neonatal Consultant Present'

INTUBATION RECORD

ADJUNCTS USED	Facemask Size…………..	Oral Airway Size…………..	NPA Size………	EFFECTIVE PRE-OXYGENATION	☐ YES ☐ NO
CRICOID PRESSURE	☐ YES ☐ NO	MILS	☐ YES ☐ NO	GRADE LARYNGOSCOPY	1 2 3 4
BREATHING CIRCUIT	☐ T-PEICE	☐ BVM	LARYNGOSCOPE BLADE USED	MILLER …………..	MAC ………….. / OTHER ………………..

Grade I Grade II Grade III Grade IV (Epiglottis, Vocal cord)

SUPRAGLOTTIC AIRWAY	☐ LMA Size ………	☐ iGEL Size ………	ETT	Size ……………	☐ Cuffed ☐ Uncuffed	☐ Cuffed ☐ Uncuffed	CUFF PRESSURE …………cmH_2O	EtCO2 Present	☐ YES ☐ NO

CXR POSITION CONFIRMATION	☐ YES ☐ NO	ETT TIP POSITION		FINAL TUBE LENGTH @LIPS/NARES	………….cm	ETT SECURED WITH?	☐ Red Tapes ☐ Cotton Tapes ☐ Neonatal Fixation ☐ Other………………………………………

1ST INTUBATOR NAME	2ND INTUBATOR NAME	NO. OF INTUBATION ATTEMPTS …………………………………	DIFFICULT INTUBATION? ☐ YES ☐ NO	Reason…

ADVANCED AIRWAY EQUIPMENT USED	☐ AirTraq	☐ GlideScope	☐ Other Video Laryngoscope	☐ Bronchoscope

COMPLICATIONS	☐ Dental trauma	☐ Mucosal Trauma	☐ Laryngospasm	☐ Hypoxia (SaO2<90%)	☐ Pneumothorax
☐ Oesophageal Intubation	☐ Bronchial Intubation	☐ Bradycardia needing drugs	☐ Dysrhythmia	☐ Hypotension needing treatment	☐ CPR

DATE, TIME AND SIGN	COMMENTS

NAME	BCH NUMBER	KIDSNTS NUMBER			INTER-TEAM HANDOVER PAGE 4 / 4

INTER-TEAM HANDOVER CHECKLIST

☐ INTRODUCTIONS	☐ JOINT PATIENT ASSESSMENT	☐ INFUSIONS SIGNED OVER
☐ SBAR HANDOVER	☐ PATIENT RESPONSIBILITY SIGNED OVER	☐ CONTROLLED DRUGS SIGNED OVER

SBAR HANDOVER

SITUATION	☐ NAME		☐ AGE	☐ WEIGHT			
BACKGROUND	☐ ADMISSION DATE		☐ ADMISSION REASON	☐ MEDICAL HISTORY		☐ TREATMENT TO DATE	
ASSESSMENT ***AIRWAY***	☐ ETT SIZE	☐ ETT LENGTH	☐ SECRETIONS	☐	☐	☐	☐
VENTILATION	☐MODE	☐ RATE	☐ PRESSURES	☐ FiO_2	☐ SpO_2	☐ $ETCO_2$	☐ GASES
CIRCULATION	☐HR/RHYTHM	☐ BP	☐ CRT	☐ TEMP	☐ VOLUME	☐ INOTROPES	☐ACCESS
FLUIDS	☐ ALLOWANCE	☐ BM	☐ ENTERAL TUBE	☐ URINE OUT	☐	☐	☐
NEUROLOGY	☐ GCS	☐ PUPILS	☐ SEIZURES	☐ INFUSIONS	☐	☐	☐
OTHER	☐ FAMILY	☐ DRUGS	☐ ALLERGIES	☐ INFECTION	☐ WOUNDS	☐ CHILD PROTECTION	
RECOMMENDATION	☐ CHANGES TO TREATMENT		☐ TESTS REQUIRED		☐ SPECIALISTS TO BE INFORMED OF ADMISSION		

DATE		TIME		NAME	SIGN
DOCTOR/ANP RECEIVING HANDOVER & ACCOUNTABILITY					
DOCTOR/ANP GIVING HANDOVER & TRANSFERRING ACCOUNTABILITY					
NURSE RECEIVING HANDOVER & ACCOUNTABILITY					
NURSE GIVING HANDOVER TRANSFERRING ACCOUNTABILITY					

NURSE GIVING DRUGS:	**NURSE RECEIVING DRUGS:**

TEAM 2 - PRE DEPARTURE CHECKS

AIRWAY	☐ ETT POSITION	☐ SECURELY FIXED	☐ REBREATH BAG	☐ AMBUBAG & MASK	☐ EMERGENCY AIRWAY BAG	☐ $ETCO_2$	
VENTILATION	☐ BLOOD GAS CHECKED	☐ FILTER/S	☐ HUMIDIFICATION	☐ STETHOSCOPE			
CIRCULATION	☐ SECURE ADEQUATE WORKING VASCULAR ACCESS		☐ MAINTENANCE FLUIDS		☐ INOTROPES	☐ EMERGENCY DRUGS & FLUIDS	
NEUROLOGICAL	☐ SEDATION, ANALGESIA & PARALYSIS		☐ TEMPERATURE SATISFACTORY				
GI	☐ NPSA NG/OG TUBE	☐ FREE DRAINAGE	☐ BLOOD SUGAR SATISFACTORY				
SAFETY	☐ SATISFACTORY RESTRAINT	☐ INFUSION RATES CHECKED		☐ 2 NAME BANDS (IF PARENTS NOT PRESENT)	☐ MATERNAL BLOOD (if applicable)	☐ 1st BLOOD SPOT ☐ D5 BLOOD SPOT	
EQUIPMENT	☐ SUFFICIENT O_2/AIR	☐NITRIC ☐ IN USE	☐ POWER	☐ EQUIPMENT BAGS	☐ ISTAT	☐ SONOSITE	
COMMUNICATION	☐ PATIENT INFORMATION	☐ CO-ORD CONSULTANT INFORMED & PLAN AGREED			☐ RECEIVING UNIT AWARE OF ETA		
DOCUMENTATION	☐ NOTES INC DRUG CHART	☐ REFERRAL/TRANSFER LETTER		☐ TRANSFER CONSENT	☐ X-RAYS/SCANS	☐ DGH CONTACTS	

IN AMBULANCE AIR AND OXYGEN HOSES ATTACHED TO AMBULANCE GAS SUPPLY ☐ BAGGING CIRCUIT CONNECTED TO AMBULANCE OXYGEN ☐ INVERTER ON ☐ ALL LOOSE ITEMS AWAY ☐

COMMENTS