



Refer to KIDSNTS for advice - 0300 200 1100

Fully Fed Clinically Stable Babies

If fed **2-3 hourly**—NTS suggest continuing feeds unless;

- > History of Apnoea, desaturations + bradycardia requiring intervention in the last 48 hours.
- > Suspected GOR requiring treatment.
- > Motility concerns/constipation/abdominal discomfort.
- > Escalation in respiratory support or O₂ requirement in the last 24 hours.

If above, **consider** 1/2 feed volume or IV fluids for transfer.

For **1 hourly** feed infant consider IV fluids due to length of transfer and possibly of Hypoglycaemia in a small infant.



Partially Fed

If they are **2-3 hourly** fed NTS suggest continuing current feeds unless;

- > History of Apnoea, desaturations + bradycardia requiring intervention in the last 48 hours.
- > Suspected GOR requiring treatment.
- > Motility concerns/constipation/abdominal discomfort.
- > Escalation in respiratory support or O₂ requirement in the last 24 hours.

If above, **consider** 1/2 feed volume or IV fluids for transfer.

For **1 hourly** feed infant consider IV fluids due to length of transfer and possibly of Hypoglycaemia in a small infant.



If total intake has been adjusted prior to departure and the journey length > **1 hour** then it is best practice to check blood glucose levels on arrival at the receiving unit.



For ITU transfers; If the concentration of glucose has been changed prior to departure or **Glucose mg/kg/min** has been changed; then a **blood glucose > 3** is recommended prior to departure; <3 is acceptable at the discretion of the NTS Consultant.