

# Checklist for Overseas Transfer

Full Name: .....  
 Address: .....  
 Addressograph  
 .....  
 HCR.....

Date of Transfer		Time of taxi / ambulance booking	
Time of discharge from ward		Schedule flight departure time	
Parents to accompany	Yes <input type="checkbox"/> No <input type="checkbox"/>	Taxi Voucher / Sterling	Yes <input type="checkbox"/> No <input type="checkbox"/>
Transport Nurse:		Transport Doctor:	

<b>MEDICAL EQUIPMENT FOR TRANSFER</b> (Liaise With Clinical Engineering)
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	Yes	No	N/A		Yes	No	N/A
Nursing administration informed				Baby Straps/Chairs/Stretcher in place as per needs			
Parents informed				Oxygen cylinder/Mask/BVM			
Handover given to accepting ward				Portable Sat's monitor and probe			
Infection details given to accepting ward				Transport bag (with appropriate supplies)			
Return journey confirmed				Portable Suction/Catheters/Yankuer			
Intravenous access				Blood glucose machine/Lancets/Strips			
Clinical Engineering informed				Infusion pump/Giving sets/Fluids as charted			
Nurses transfer letter				Warming mattress for the POD			
CNSp transfer letter				Medication			
COVID 19 status confirmed				Bloods product to go with child			
Passport for patient, parent and nurse							
Currency for travelling							
Medical equipment confirmed with transport team							
Intravenous fluids commenced							
Pre made formula / Breastmilk / Fortifiers							

NURSING INTERVENTION DURING TRANSFER					
	Name	Dose	Time	Frequency	Route
Medicine					
Feed					
Other					

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## NURSING OBSERVATIONS

Vital Signs	Pre-Discharge	Pre-Departure	On Route				On Landing
Time							
Blood Pressure							
Blood Pressure							
Heart Rate							
Resp. Rate							
SpO2							
Blood sugar							
Capillary Refill							
Glasgow Coma Scale							

## TRANSFER REPORT *(if required)*

Transfer nurse on arrival to accepting ward *(signature)*:.....*Date:* ..... *Time:*.....

*On return to OLCHC: All receipts of expenditure from transfer, given to Nursing Administration*

Receipts Total:.....

Nurse *(signature)*:.....Nursing Administration *(signature)*:.....