


SOP on the Transfer of Infants / Children for Treatment Abroad from a Ward Area	
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Approved By Name: <i>Fionnuala O' Neill</i> Title: <i>NPDC</i>	
Authorised By Name: <i>Karen Mc Guire</i> Title: <i>Director of Nursing</i>	
Author/s	Name: <i>Kathryn Kennedy / Margo Byrne</i> Title: <i>Site Manager / Course Coordinator</i>
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1.0 Introduction

Infants and children at times require transfer to a hospital outside of the Republic of Ireland for further care and treatment. This may require medical assistance from nursing, and medical or critical care teams.

2.0 Definition of Standard Operating Procedure

The term '**Standard Operating Procedure**' is a way of carrying out a particular course of action and includes operations, investigations, pharmaceutical treatment, examinations and any other treatment carried out

3.0 Applicable to

Nursing Administration, ward, Nurse accompanying patient, Clinical Nurse specialist (CNSp), Consultant in charge of patient, medical team on call, and Clinical Engineering.

4.0 Objectives of Standard Operating Procedure

To ensure the safe and timely transfer of infants / children to another hospital outside of the Republic of Ireland

5.0 Definitions / Terms

Priority 1 – Organ available, needs immediate transfer

Priority 2 – Needs urgent transfer within 24 – 72 hours

Priority 3 – routine transfer or repatriation


NEOC – National Emergency Operations Coordinator

Logistics plan / Mobilization Plan– Document completed when placed on transplant list and kept with Nursing Administration

6.0 Procedures

Nursing Administration

- Maintain and update logistics plan for all patients on transplant list in conjunction with primary team / CNSp
- Contact NEOC to organize transport for patient in appropriate time frame based on priority categorization
- Contact receiving hospital re bed availability
- Ensure oxygen and stretcher requested
- Notify medical team and identify medical/ nursing team to escort
- Confirm isolation and COVID status with receiving hospital and NEOC. Rapid COVID test requested if necessary
- Email names and passport details to NEOC of medical / nursing team, patient and parents
- Contact passport office for emergency passport if required
- Confirm equipment needs of child e.g. weight of patient, luggage allowance (cabin bag) etc.
- Contact Clinical Engineering

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- Contact parents to update
- Confirm transport arrangements and equipment requirements with NEOC
- Provide financial assistance to staff accompanying child
- Inform accepting hospital of expected time of arrival (ETA)
- Provide ongoing support to family
- Confirm return journey for staff organized (Air transfer team, ambulance, taxi)
- Provide contact numbers for team accompanying patient

Ward CNM/ Team Leader

- Transfer nurse identified
- Passport copies of patient, parent and transport nurse and doctor if applicable sent to nursing administration
- Clinical engineering contacted re any equipment required
- Transfer letters updated and printed
- Scans and blood results copies available
- Receiving ward contacted and report given including isolation and COVID status
- Ensure nurse travelling has received overseas currency (Patient Accounts / Nursing Admin)
- Discuss plan for transfer with patient and family
- Ensure medical documentation updated i.e. patient fit to travel with nurse only escort in patients' medical record

Transport Nurse

- Passport given to CNM/ team leader for copying
- Handover of other patients to receiving nurse
- Meet with parents and child
- Check nurse grab bag has required equipment if nurse only transfer, ensure medical bag available on ward if nurse / doctor transfer, liaise with transport doctor re-equipment and medication required. Use transport bag checklist as guidance.
- Ensure patient specific emergency drug sheet printed and checked if travelling with doctor
- Make up and double check at least one spare infusion as per patient prescription. Ensure pumps fully charged.
- Collect taxi slips from Nursing Admin
- Complete overseas transfer checklist (See Appendix xx)
- Complete pre transfer vital signs
- Check any medication required during transfer with second nurse and label appropriately. Refer to Medication Management SOP for patient Transfers.
- Ensure patient and family appropriately prepared.
- Secure patient safely on stretcher and escort to ambulance.
- Record vital signs prior to departure and as necessary
- Assist with transfer of patient to ambulance.
- Ensure patient secure and necessary monitoring equipment attached

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Clinical Engineer

- Provide equipment if requested
- Assist with assembly of baby straps

Transport Doctor (if travelling)

- Receive handover on patient from primary team
- Check medical equipment bag and fill as necessary
- Discuss transfer with patient / family
- Check emergency drug sheet is correct and necessary drugs and equipment are available

NEOCC

- Request priority transport as discussed with nursing administration
- Liaise with National Ambulance Service
- Liaise with appropriate aircraft supplier Aer Corp / Coast Guard / Dublin Airport Aircraft
- Liaise with CHI at Crumlin to confirm return journey

7.0 Implementation Plan

Transfer of patient education will be undertaken at transport of the child overseas study day to be held on a regular basis through CCNE.

8.0 Evaluation and Audit


Evaluation and the audit will be carried out based on the biannual educational and training workshops carried out each year. Staff evaluation audit will assist in improving the quality improvement process and changes will be made as required to update the documentation.

9.0 References

(Insert text here) Must include references if these have been used to inform the document

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Nursing & Midwifery Board of Ireland (201) *Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives*. Dublin: Nursing & Midwifery Board of Ireland.

NMBI 2016 – Recording Clinical Practice

Nursing & Midwifery Board of Ireland (2015) *Scope of Nursing and Midwifery Practice Framework*. Dublin: Nursing & Midwifery Board of Ireland.

Royal College of Physicians in Ireland / Health Service Executive (2014) *Prevention of intravascular Catheter-related Infection in Ireland*. Dublin: HSE Health Protection Surveillance Centre.

Royal College of Physicians in Ireland / Health Service Executive (2015) *Guidelines for hand hygiene in Ireland Healthcare settings: Update of 2005 guidelines*. Dublin: HSE Health Protection Surveillance Centre.

Nurses & Midwives Act (2011)
Freedom of Information Act 2014, Government of Ireland.

Medicinal Products (Prescription and Control of Supply) (Amendment) (No.2) Regulations 201 (S.I. No. 504/201)

10.0 Bibliography

(Insert text here) if applicable

11.0 Appendices

11.1 Nursing Admin Checklist


11.2 Ward Transfer Checklist

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Name of Department Nursing

11.1 Nursing Admin Checklist



CHI at Crumlin - PATIENT DETAILS FORM

(Form to be completed when patient is attending CHI Crumlin to discuss Assessment)

Full Name: _____

Address: **Addressograph** _____

HCR: _____

Process 8/9

Please tick		
Heart	Freeman	<input type="checkbox"/>
	GOSH	<input type="checkbox"/>
Liver	Kings	<input type="checkbox"/>
	Birmingham	<input type="checkbox"/>
Other	Leeds	<input type="checkbox"/>
		<input type="checkbox"/>

PATIENT DETAILS	
Patient Name: <i>(as per passport)</i>	HCRn:
Date of Birth:	Consultants Name in CHI at Crumlin:
Address:	Medical Social Work in CHI at Crumlin:
Passport No:	E112 Form sent Yes <input type="checkbox"/> No <input type="checkbox"/>
Expiry Date:	Date sent:
Nationality / Birth place:	
PATIENT DIAGNOSIS	
CURRENT CONDITION / LOCATION	
NEXT OF KIN DETAILS	
Parent / Legal Guardian 1	Parent / Legal Guardian 2
Name: <i>(as per passport)</i>	Name: <i>(as per passport)</i>
Relationship to child:	Relationship to child:
Date of Birth:	Date of Birth:
Address:	Address:
Mobile No:	Mobile No:
Landline No:	Landline No:
Travel Documents	
Passport No:	Passport No:
Expiry Date:	Expiry Date:
Visa Required: Yes <input type="checkbox"/> No <input type="checkbox"/>	Visa Required: Yes <input type="checkbox"/> No <input type="checkbox"/>
Travel Document Required: Yes <input type="checkbox"/> No <input type="checkbox"/>	Travel Document Required: Yes <input type="checkbox"/> No <input type="checkbox"/>
Nationality / Birth place:	Nationality / Birth place:
LOCAL GARDA STATION <i>(24hr manned)</i>	
Address:	
Phone No:	Email:
Signature:	Date:

Please complete in BLOCK LETTERS and scan to nursing.admin@olchc.ie

Last amended 27.11.19 by Deborah O'Grady - NPDU

11.2 Ward Transfer Checklist

Name of Department Nursing



CHECKLIST FOR OVERSEAS TRANSFER

Full Name: _____
 Address: _____
 HCR: _____

Addressograph

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:	
		MEDICAL EQUIPMENT FOR TRANSFER <i>(Liaise With Clinical Engineering)</i>	
	Yes	No	N/A
Nursing administration informed			
Parents informed			
Handover given to accepting ward			
Infection details given to accepting ward			
Return journey confirmed			
Intravenous access			
Clinical Engineering informed			
Nurses transfer letter			
CNSp transfer letter			
COVID 19 status confirmed			
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			
	<i>Name</i>	<i>Dose</i>	<i>Time</i>
Medicine			
Feed			
Other			

Date issued: 01.10.18

Name of Department Nursing



CHECKLIST FOR OVERSEAS TRANSFER

Full Name: _____
 Address: _____
 _____ Addressograph
 HCR: _____

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)

Large empty box for transfer report details.

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): _____