

PATIENT DETAILS			
Name		Sex	
Hospital number		DOB	
Weight		Allergies	
AIRWAYS			
Artificial airways in situ		<b>Equipment and monitoring</b>	
None	<input type="checkbox"/>		
NPA, size	<input type="checkbox"/>		
ETT tube size length		Same size ETT and half smaller <input type="checkbox"/> Appropriate size Guedel and face mask <input type="checkbox"/> Tape <input type="checkbox"/> Syringe <input type="checkbox"/> Lube <input type="checkbox"/> End-tidal CO <sub>2</sub> <input type="checkbox"/> Ambu-bag, appropriate size <input type="checkbox"/> T-piece <input type="checkbox"/> Waters circuit <input type="checkbox"/> Laryngoscope & blade <input type="checkbox"/>	
Tracheostomy size		Tracheostomy box	<input type="checkbox"/>
BREATHING			
Spontaneous breathing		<b>Equipment and monitoring</b>	
Oxygen therapy		Ventilator:	
Mask oxygen l/min		BabyPac : <20Kg, MRI compatible	<input type="checkbox"/>
Nasal cannula l/min		Oxylog : >15Kg, NOT MRI compatible	<input type="checkbox"/>
Invasive ventilation		O2 cylinder(s), appropriate size to cover transport time plus extra 2 hours	<input type="checkbox"/>
Setting: PIP PEEP FiO <sub>2</sub>		Wall connectors for O <sub>2</sub> and extensions	<input type="checkbox"/>
Recent blood gas	pH <input type="checkbox"/> pO <sub>2</sub> <input type="checkbox"/> pCO <sub>2</sub> <input type="checkbox"/> HCO <sub>3</sub> <input type="checkbox"/> Base <input type="checkbox"/> Lactate <input type="checkbox"/> Potassium & Sodium <input type="checkbox"/>	Saturation O <sub>2</sub> monitoring	<input type="checkbox"/>
		RR monitoring	<input type="checkbox"/>
		Ventilator alarms set	<input type="checkbox"/>
		Portable suction (tested, has right size suction catheters and Yankuer minimum 2)	<input type="checkbox"/>
		Stethoscope	<input type="checkbox"/>
CIRCULATION			
HR		<b>Equipment and monitoring</b>	
BP	CRT	Temp	
Arterial line in situ	yes <input type="checkbox"/> no <input type="checkbox"/>	ECG monitoring	<input type="checkbox"/>
Inotropes infusion (please state infusion type and rate)		Appropriate blood pressure cuff	<input type="checkbox"/>
1.		Invasive blood pressure monitoring	<input type="checkbox"/>
2.		Available IV access	<input type="checkbox"/>
3.		Pole for bag infusion	<input type="checkbox"/>
		Bolus fluids drawn up	<input type="checkbox"/>
		Resus doses	<input type="checkbox"/>
DISABILITY			
GCS/ICP		<b>Equipment and monitoring</b>	
	Pupils	ICP monitoring if required	<input type="checkbox"/>
Sedation (please state infusion type and rate)		EVD managed	<input type="checkbox"/>
1.		Pen torch	<input type="checkbox"/>
2.		Sedatives & paralysis	<input type="checkbox"/>
3.		hypertonic saline drawn up	<input type="checkbox"/>
		Temperature monitoring if unstable or actively warmed or cooled	<input type="checkbox"/>
Blood glucose level pre-transfer			

<b>Emergency drugs, please state whether has been decided to prepare pre filled syringes ( drugs, concentration, volume)</b>			
Emergency drug printed and available			
1.		3.	
2.		4.	
<b>Exposure</b>			
Drains and lines identified and secure	<input type="checkbox"/>	Portable pump base	<input type="checkbox"/>
Blankets	<input type="checkbox"/>	Portable devices charged	<input type="checkbox"/>
SKA sheets if required	<input type="checkbox"/>	Green Bag checked within 7 days	<input type="checkbox"/>
Documentation filed and available	<input type="checkbox"/>	Yellow Bag checked within 7 days	<input type="checkbox"/>
DOCTOR	PRINT NAME		SIGNATURE
NURSE	PRINT NAME		SIGNATURE

<b>OBSERVATION</b>		Pre-transfer	Destination	Pre-transfer back	PICU
Airway/breathing	SatO <sub>2</sub> /FiO <sub>2</sub>				
	RR				
	HME				Remove if wet circuit
	Suctioned				
CVS	HR				
	BP				
	Temperature				
Neuro	GCS				Check glucose
	ICP				
	Pupils				

**EVENTS (desaturations, bradycardias, loss of access, battery run out, etc)**

TIME	NATURE OF EVENT	ACTION

**DRUG ADMINISTRATION (sedation boluses, bolus fluid, etc)**

TIME	DRUG	VOLUME (ml)/DOSE (mg)	REASON	NURSE INITIALS / DOCTOR INITIALS

Oxygen required = Journey time X prescribed oxygen X 2 (safety factor)