# Preparing for NWTS Transfer

| Name: | Hospital Number: | Date: |
|-------|------------------|-------|

| Checklist ready for NWTS Transfer | Tick or N/A |
|-----------------------------------|-------------|
| Referring PICU consultant in the call and NWTS consultant in the call | |
| *Bed confirmed- Date:………………………………………Time:………………………………………………………* <br> *Accepting consultant……………………………………….. Contact Number………………………………………………..* | |
| Date of most recent COVID-19 swab…………………………………. Result………………………………………………………… <br> If not done in last 24hrs, please do a rapid swab………………………………………………………………………… | |
| ***Patient stable for transfer:*** <br> *Airway– Tube/ Trachy secure* ☐ *– Date last intubated or tracheostomy insertion………………………….* <br> *Cuff checked* ☐ *full Tracheostomy box* ☐ *Breathing - Ventilation stable* ☐ <br> *Ventilator pressures……………………………* | |
| **Ensure patient is adequately sedated for transfer +/– muscle relaxed prior to NWTS arrival** | |
| *Adequate IV access x2  - flushed and working* <br> *Insertion date(s)………………………………………………………………………………………………………………………….* <br> *Site(s)………………………………………………………………………………………………………………………….…* | |
| Fluid Bolus – Preferably a bag of Plasmalyte 148 available in the patient's bed-space ready for NWTS arrival and check | |
| *Bag of maintenance fluid ready for NWTS arrival and check* | |
| *If on inotropes - new infusions ready (syringe only) plus enough for length of transfer* | |
| *Infusions– Sedation connected and running with enough for the duration of the transfer +/- boluses (in line with your local policy, NWTS will program pumps with what concentrations you use.  Also, any other infusions eg:  metabolic infusions, insulin)* | |
| *Muscle Relaxant – NWTS default Rocuronium, vial available in bed-space ready for NWTS arrival and check* | |
| *Vital medications eg: antibiotics, antivirals, anti-epileptics which may be due mid-transfer, available in bed-space for NWTS arrival and check, then can be labelled with dosage, time due and over what duration* | |
| *Allergies……………………………………………………………………………………………………………………………….* | |
| *Any past h/o multi-resistant organism? Site:……………………………Date……………………………………….* | |
| *Patient own drugs, including TPN + a copy of the prescription chart.* | |
| *Special feeds/ EBM placed in a cool bag* | |
| *NBM as advised by NWTS - Time of last enteral intake**……………………………………………………………..** | |
| *Name band insitu* | |
| *Copy of notes, including discharge summary, plus specialist referral letter (if appropriate), observations, blood results and up-to-date drugs chart. Please ask the X-ray department to PACS over the images to the accepting centre or copy them onto a disc* | |
| *Patient specific items: Eg:, hearing aids, religious items,* | |
| *Parents aware: Name……………………………………… Who has PR………………………………………………….. <br> Contact……………………………………. Safeguarding……………………………………………….* | |