



## NEWBORN EMERGENCY TRANSPORT SERVICE MEDICAL GUIDELINES

### GUIDELINES FOR COMMUNICATION AND CLINICAL HANDOVER

Guidelines for communication and clinical handover  
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Newborn Emergency Transport Service Medical Guidelines  
King Edward Memorial/Princess Margaret Hospitals  
Perth Western Australia  
Authorisation and review by NETS WA

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## Guidelines for communication

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- Keep in touch with the **referring hospital staff** (get an update on the patient's condition, give advice if necessary, communicate expected time of arrival, etc.) and document all communication & advice on the Transport Call Sheet.
- Keep other **transport team members** informed about the next logistic and medical steps and plans. Always discuss special problems and emergency plans with the ambulance crew/pilot & Flight Nurse.
- Always inform the **parents** about their baby's condition. Give them a copy of the NETS parent information brochure. Obtain consents as listed on the Observation and Management Chart before leaving.
- ALL referral calls will be discussed with the **NETS Fellow, NETS consultant, or both** via the call conferencing system. In addition, after assessing the baby, the retrieving doctor must discuss management of the baby with senior staff, also via the call conferencing system.
- If the baby is not being admitted to ward 6B, ensure the receiving team (KEMH neonatologist/ PICU consultant/ ED consultant) are updated on a regular basis. Occasionally, the PICU consultant may be brought into a call conference if additional advice is required.

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## **Procedure on arrival at referring hospital**

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### **I - IDENTIFY**

- Identify the baby
- **Introduce the team** to the local staff and family of the baby

### **S - SITUATION**

- **Rapid assessment of the baby (ABCD)** followed by the appropriate immediate actions.
- Clear a working space around the baby
- **Plug in cot power and oxygen** to the wall supply.
- **Connect baby to appropriate monitoring.**

### **O - OBSERVATION**

- **Document base-line observations and assessment**

### **B - BACKGROUND**

- **When baby is stable, obtain detailed history**
- Perform a **systematic examination**, review all available X-ray & test results.

### **A - AGREE A PLAN**

- **Attend/order further investigations** (blood gas, X-ray) as indicated and available within a reasonable time frame. (Do not waste time obtaining X-rays that will not alter management.)
- **Prepare the patient for the transport** (lines? respiratory support? monitoring? gastric tube? IV fluids? medication?)

### **R - READBACK (CONFIRM UNDERSTANDING)**

- **Discuss the findings and management plan** with the NETS consultant via the call-conferencing system.
- **Inform the parents** about the baby's condition and the management plan for the transport.