

Post- Transport NICU Bedside Handoff

The goal of this handoff tool will be to enable transport team members to provide a consistent and detailed handoff of pertinent patient information at the time of arrival to the UC Davis NICU to the admitting provider and bedside team.

1. Upon Transport Team arrival to NICU:

- Transport RN will call Charge Nurse, NICU Fellow and RT upon arrival to UCDMC ER.
- Charge nurse will notify bedside RN.
- Provider team admitting the infant (including attending when possible) to be at patient's bedside upon transport's arrival to unit to facilitate safe and expedient transfer of patient care.

2. Begin Handoff when all team members present and ready:

a. Patient transfer

- ***Patient transfer to bed***
 - Ventilator/respiratory support
 - Confirm ETT placement
 - Hook up/secure tubes, lines, devices
 - Monitor on
 - Ensure patient stability before proceeding to Step 2

b. Pause

- ***Ensure all team members are present***
 - Transport RN, Attending, Fellow/NNP, RT, Bedside RN

c. Information Transfer

- ***HX and diagnosis***
 - Include relevant prenatal information
- ***Cardiac***
 - Concerns
- ***Airway/respiratory support***
 - ETT size and Depth
 - If ETT placed during transport
 - Medications used for intubation
 - # of attempts
 - Depth on x-ray
 - Ventilator settings or support settings
 - Ventilation challenges during transport
- ***EPOC/Blood Gas***
 - ABG/CBG
 - Glucose, Hg, LA
- ***Lines***
 - Fluids and rates

- **Medication**
 - Drips – concentrations, dosages and rates
 - Medications given during transport
 - Time and type of last sedation/pain medication
 - Antibiotics and last time given
 - Other medications and time due, Vit K, Erythromycin, Hep B
- **Labs**
 - Pertinent labs, NBS
 - Other diagnostic testing
- **Other Tubes, Drains or Devices**
 - Type, size and insertion depth
- **Cooling**
 - Time active cooling started & Therapeutic Temp achieved (34°C)
- **GI/GU/Diet**
 - GI/GU concerns
 - Feeding type, amount, route, next due
 - Mom pumping? Permission for DBM (BW < 1500 & GA <32 wks) or formula?
- **Additional Information**
 - MOB/Parent Covid and vaccination status, MOB MRSA status
 - HX drug use or other parent concerns
 - Status of Family (Is MOB being transferred or discharged? Are other family members enroute? Clinical condition of MOB?)

d. **Questions from team members...**

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