

# **Post- Transport NICU Bedside Handoff**

The goal of this handoff tool with 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. <u>Patient transfer</u>

## • 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. <u>Pause</u>

#### • 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
  - o Fluids and rates

• Medication

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- 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
  - o 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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