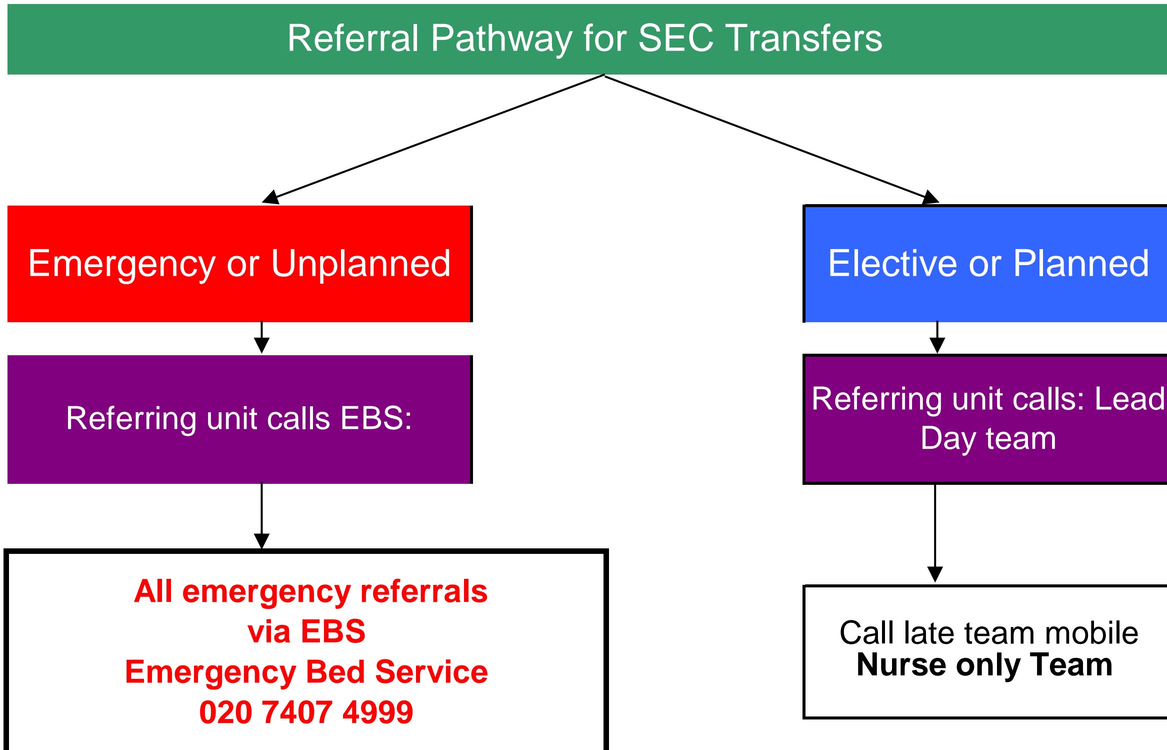
South East Coast Neonatal Transfer Service

Kent Surrey & Sussex

South East Coast Operational Delivery Networks
Hosted by Medway NHS Foundation Trust



	Team mobiles	Main switchboard numbers For on call Neonatal consultant
Kent	07775 991325	01634 830000
Surrey	07900 914639	01932 872000
Sussex	07979 806769	01273 696955

Full teams: Doctor & Nurse (DoT)
Day teams: 08.00 - 20.00
Night team: 20.00 - 08.00

Nurse only team (NoT)
Late team: 10.00 - 22.00

Babies falling outside of normal remit must be discussed directly with the Neonatal NTS consultant for the lead team; check rota for lead team or call EBS.

Contact via main switchboard and ask to speak to the Neonatal NTS consultant on call.

Referral units should know: BAPM Category of Care (IC,HD,SC),
Primary reason for referral: Medical, Surgical, Cardiac, Neuro
Primary Operational reason for transfer: Uplift,Capacity, Repatriation, OPA
Timescale required: are they Time Critical - see criteria.

Revised March 2018 due to Late team change to Nurse only Team

Reviewdate: January 2019 with SEC NTS Operational Guidance.

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Time Critical transfer criteria - National & South East Coast

National - reported by all NTS teams

BAPM 2012 NTG Transfer dataset: criteria for Time Critical Transfer within one hour
The transfer team departs from base within one hour from the start of the referring call.

1 Gastroschisis

2 Ventilated infant with Tracheo-oesophageal fistula +/- atresia

3 Intestinal perforation

4 Suspected ducy-dependant cardiac lesion not responding to prostin

5 Unstable respiratory or cardiovascular failure not responding to appropriate management
persistent unstable pneumothorax despite chest drain FiO2 100%
arterial oxygen <5k Pa on 2 consecutive blood gas measurements
pH <7.1 and pCO2 >9k Pa
persistent mean BP below corrected gestational age, measured on arterial line.
if measured on cuff only, there should also be acidosis pH <7.1

SEC Time Critical Criteria 2015/16 onwards

Uplift for surgery: non ventilated TOF, deteriorating NEC, diagnosed malrotation or volvulus,

Babies with a dignosis of HIE, commencing servo-assisted cooling in an LNU or SCU

Neonates diagnosed with an intracranial bleed requiring neurosurgery.
Applies to babies on neonatal units only; must discuss with receiving PICU to avoid two teams despatching. NTS consultant must communicate with all involved.
Additional info: SEC Paediatric Neurosurgical Transfer Protocol

Revised Oct 2016 VA / SEC NTG / correct January 2017

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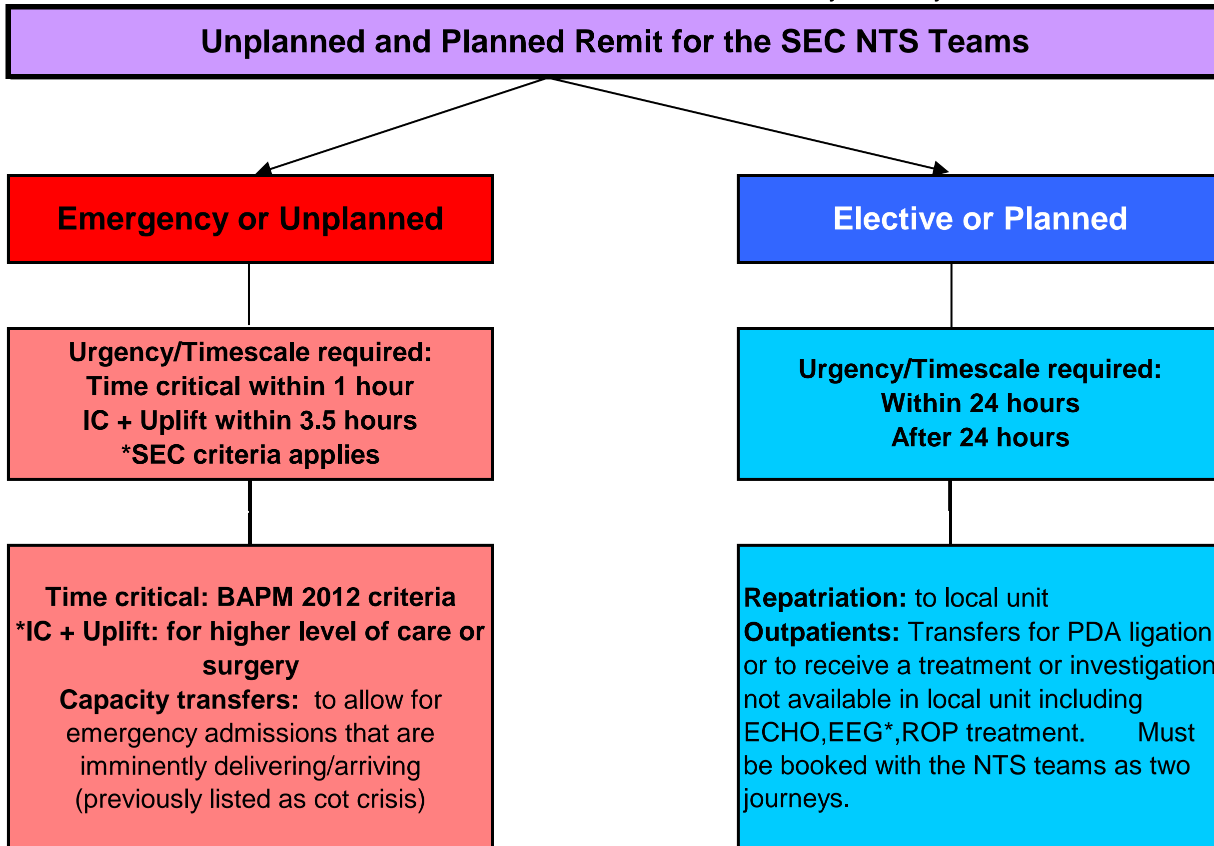

Service remit & criteria based on NHSE Neonatal Critical Care Transport service specification April E08/S/b

Operate 24 hours a day, every day

Staff all transfers appropriately and in accordance with the clinical condition of the baby

Order transfers according to clinical priority: based on BAPM NTG classification of transfers 2016

Transfers for Special Care babies: requiring Repatriation or OPA: maybe Nurse Led transfers. Referring units must ensure correct information is given at referral.

SEC exceptions: If a transfer falls outside of the above criteria & definitions.

Any transfer required that falls outside of this remit 'exceptions' must be discussed individually with the NTS lead team consultant.
Transfers that do not start & end in neonatal services should have local NTS consultant agreement
* ECHO & EEG should be booked locally and if possible as OPA after discharge
Urgent transfers for ROP treatment to be booked asap with lead team with any additional info.
Teams will prioritise on the day, a nurse escort to remain on treatment unit maybe required.

Transfers to PICU for surgery or cardiac care:

If a unit refers directly to PICU they must ask whether STPRS or CATS are going to do the transfer.
If STPRS or CATS are retreiving please do not book an NTS transfer.

Revised January 2017 as per SEC NTS Operational Guidance final

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SEC NTS Nurse led transfer criteria & guidance:

Below is a list of infants that may be suitable for Nurse led transfer; this list is not exhaustive and each case must be considered individually

1. Special Care babies(BAPM 2011/HRG 2016 categories) who are stable and self ventilating in air. Stable means no significant bradycardias or desaturations over the past 24 hours.
2. Weight above 1kg: Babies smaller than 1kg may be eligible for NoT if they are receiving Sspecial care only.
3. More than 27 + 6 weeks CGA: Babies less than 27+6 weeks may be eligible for NoT if they are receiving special care only.
4. Extubated for more than 24 hours and stable.
5. Fit the above criteria and requiring low flow oxygen via nasal cannula.
   Babies who are stable on HFNC(Optiflow or Vapotherm) or CPAP may be eligible for NoT, NTS consultant decision.

From 5th March 2018 the late day team will operate as Nurse only Team due to Medical Staff shortage across SEC.

The referring unit should contact the NoT if the baby fits the above criteria & suitable for Nurse Led transfer

The NTS consultant will decide if the baby fits the criteria for Nurse Led transfer & discuss with Nurse on duty.

The NTS nurse has the final decision on whether the baby is clinically stable to transfer without medical escort; they may call the referring unit for additional information if required.

The NTS consultant (2nd team) on duty for that shift maintains full team support; they are available for telephone support for the full 12 hours and are responsible for the team finishing on time.

The Nurse Led team will not be expected to divert to attend a referring unit in an emergency as they will not have medical support with them; they are an elective team only.

In an emergency: the nurse will contact the NTS consultant(2nd team), if due to apnoea or cardiac arrest they will request divert to the nearest A&E.

Revised March 2018