

Transport Form

Sending DHB		Destination DHB	
Hospital:		Hospital:	
Ward/Unit:		Ward/Unit:	
Discharging Consultant:		Accepting Consultant:	
Charge Nurse name:		Charge Nurse name:	
Telephone:	(0)	Telephone:	(0)
Fax	(0)	Fax	(0)
Transport team contact details:			
Reason for transfer:		Ongoing care needs:	
<input type="checkbox"/> Acute Admission <input type="checkbox"/> Elective Admission			

Transport Details

Date of transfer:		Patients weight:	
Transport criteria (see table 1)		Type of transport: (see Table 1)	
<input type="checkbox"/> Category 2: Physiologically stable and at significant risk of deterioration <input type="checkbox"/> Category 3: Physiologically stable		Transport by; <input type="checkbox"/> Designated transport aircraft. Team _____ <input type="checkbox"/> Commercial aircraft with health care personal <input type="checkbox"/> Road ambulance with health care personal <input type="checkbox"/> Aircraft, taxi or road ambulance without health care personnel	
Personnel required (see table 1)		Appropriate Restraint device required: (see Table 1)	
Personnel must have appropriate level of paediatric and transport knowledge, experience and skill <input type="checkbox"/> Nurse <input type="checkbox"/> Doctor <input type="checkbox"/> Unaccompanied by health professional <input type="checkbox"/> Non health professional family support person		<input type="checkbox"/> Infant (< 3kg) <ul style="list-style-type: none"> Designated transport incubator. <input type="checkbox"/> Infant (3-5 kg) <ul style="list-style-type: none"> Consider transport incubator if clinical need to observe infant closely or naked Ambulance stretcher with neomate restraint <input type="checkbox"/> Infant and child (5-18kg) <ul style="list-style-type: none"> Ambulance stretcher with pedimate restraint <input type="checkbox"/> Child (> 18kg) <ul style="list-style-type: none"> Ambulance stretcher with standard restraint 	
Care and monitoring required in transit		NB Arrange for loan of Neomate from Transit nursing service. Request Pedimate when booking ambulance OR arrange for loan of Pedimate from transit nursing service	
<input type="checkbox"/> Minimum of 30 – 60 min observations recorded on PEWS chart. Consider the need for continuous monitoring (e.g. oxygen saturation) <input type="checkbox"/> Minimum observations recorded prior to transport and on arrival if arriving at a healthcare facility. <input type="checkbox"/> Medications <input type="checkbox"/> Infectious status <input type="checkbox"/> Feeds _____ <input type="checkbox"/> Behaviour issues / risk to self /others <input type="checkbox"/> Other _____ <input type="checkbox"/> Care giver with child			
Equipment required			

