

BC Low-Risk Infant Transport Patient Care Flow Sheet (PSBC 1996)

Guide for CompletionJune 2020





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Suggested Citation: Perinatal Services BC. (June 2020). BC Low-Risk Infant Transport Patient Care Flow Sheet: A Guide for Completion. Vancouver, BC.

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Introduction

The British Columbia Low-Risk Infant Transport Patient Care Flow Sheet (PSBC 1996) will be used during interfacility transport of the low-risk infant by ground ambulance in the care of a Registered Nurse. This is a standardized provincial document to record vital signs, assessments, and care at the beginning, during, and at the end of the transport. Monitoring of vital signs is an essential component of nursing care and provides objective evidence of patient stability and need for intervention. This document can also be used for audit purposes to investigate unexpected outcomes during the transport. 1,2,3,4

Collection of patient status through timely assessment and documentation of findings and interventions complies with Standard 2 of the Professional

4 W'S OF INFANT TRANSPORT DOCUMENTATION

- > WHEN? During interfacility transport of the low-risk infant by ground ambulance in the care of a Registered Nurse.
- > WHO? Registered Nurse accompanying the infant.
- > **WHAT?** Documentation of patient assessments and care during transport.
- > WHY? Monitoring of vital signs is an essential component of nursing care and provides objective evidence of patient stability and need for intervention.

Standards for Registered Nurses and Nurse Practitioners as mandated by the BC College of Nursing Professionals.⁵

For interfacility transport the RN needs to copy the original document after handover at the receiving hospital. Place the copy on the medical record at the receiving unit, the original document will be placed on the medical record at the sending unit. When using this document for transport to and from an off-site consultation, place the original document on the medical record of the patient after completion of the transport.

Abbreviations

BCAS British Columbia Ambulance Services

FiO₂ Fractional Inspired Oxygen

min Minute

mL Milliliter

PSBC Perinatal Services British Columbia

RN Registered Nurse

SpO₂ Partial Oxygen Saturation

TC Transport Canada

Documentation Recommendations

- > This form is to be used for both interfacility transport and transport to an off-site consultation.
- > Assess infant status and document findings at the beginning, every 15 30 minutes during transport, and again prior to handover at the receiving site.
- > Assess infant status and document findings at the beginning, every 15 30 minutes during transport to and from an off-site consultation, at least hourly while at the off-site consultation, and once again when arriving back to home unit.
- > Increase frequency of assessment if there is a change in infant's condition.
- > For ease of documentation and review use the legend at the bottom of page 1 to document assessment findings.

PRACTICE POINT

The British Columbia Low-Risk Infant Transport Patient Care Flow Sheet (PSBC 1996) does not replace the Neonatal Transfer Record (PSBC 1995). The Neonatal Transfer Record is used for interfacility transfers to standardized communication and continuity of patient care, the British Columbia Low-Risk Infant Transport Patient Care Flow Sheet is used to document patient assessments, care and interventions during transport and at off-site consultation.



The patient addressograph stamp should be placed in the upper right-hand corner of the form.

Section A

Item	Description
Date	Date of transport in dd/mm/yyyy format.
BCAS Crew Member	Name of BCAS Crew Member with RN in patient compartment of the ambulance.
Sending hospital / unit departure time	For interfacility and off-site consultation transport indicate time left at sending unit in hh:mm format.
Receiving hospital / unit or off- site consultation site arrival time	For interfacility transport indicate time time of arrival in receiving unit or at off-site consultation in hh:mm format.
Offsite consultation site departure time	For off-site consultation transport indicate time left off-site consultation in hh:mm format.
Sending hospital return arrival time from off-site consultation	For off-site consultation transport indicate time of arrival back in sending unit in hh:mm format.
BCAS Crew Member for off-site consultation return	Name of BCAS Crew Member with RN in patient compartment of the ambulance on return trip.
Transport RN name	Name of RN accompanying the infant.
Transport RN signature	Signature of RN accompanying the infant.
Identity of patient confirmed: Prior to leaving the hospital / unit On arrival back from off-site appointment Upon arrival at receiving hospital / unit	Indicate with √ and initial to confirm patient identification was confirmed and agreed by two RNs.
Expresses Breast Milk (EBM)	
EBM packed and ready for transport	Check Yes/No/NA to indicate if EBM is packed and ready for transport.
Handed over to RN at receiving site?	Check Yes/No/NA to indicate if EBM was handed over to RN at receiving site.

Item	Description
Equipment check once in ambulance prior to departure	
Positive Pressure Device	Indicate with a ✔ that the positive pressure device, low pressure suction device, incubator power (if applicable) have been checked
Suction 80 – 100 mmHg	and operate correctly in ambulance prior to departure the sending site.
Incubator power	For off-site consultations confirm checks and correct operation of equipment in the Narrative Nursing Notes for the return trip.
Stretcher with incubator / car	Indicate with a √ that the incubator/car bed/car seat has been secured as per BCAS and Transport Canada guidelines.
bed / car seat secured as per	For off-site consultations confirm that incubator/car bed/car seat has been secured as per BCAS and Transport Canada guidelines in
BCAS and TC guidelines	the Narrative Nursing Notes.

Section B

Item	Description											
Time	Record the time this set of vital signs was taken.											
Temp												
Incubator	Record transport incubator temperature.											
Axilla / Servo	Record infant skin temperature. Circle method used to determine infant skin temperature, axilla or servo. If the method changes during the transport, please indicate this, and state reason why, in the Narrative Nursing Notes.											
Vital signs												
Heart rate	Record the baby's heart rate in beats per minutes.											
SpO ₂	Record the baby's pulse oximeter oxygen saturation percentage.											
Respiratory Rate	Record the baby's respiratory rate in breaths per minute.											
Oxygenation	Use legend to record O ₂ administration route.											
O ₂ Administration Route	RA = Room Air M = Mask											
O ₂ Administration Route	A = Ambient LF = Low Flow											
mL/min	Record mL/min if on Low Flow oxygen therapy.											
FiO ₂	Record fractional inspired oxygen as per oxygen blender.											

Item	Description											
Assessment	Use legend to document assessment	t of colour, respiratory character, behavioura	l state, tone, and position									
Colour Control / norinhoral	√ = Pink	M = Mottled	Pl = Plethoric									
Colour: Central / peripheral	P = Pale	J = Jaundice	C = Cyanotic									
Respiratory Character	√ = Normal	G = Grunt	R = Retractions									
nespiratory Character	S = Shallow	I = Irregular	F = Nasal flaring									
	DS = Deep Sleep	AA = Active Alert	DR = Drowsy									
Behavioural State	LS = Light Sleep	C = Crying	L = Lethargic									
	QA = Quiet Alert	I = Irritable										
Tone	√ = Normal	ψ = Hypotonic										
Totle	↑ = Hypertonic											
Position	P = Prone	RS = Right side										
Position	S = Supine	LS = Left side										
In & Out												
Feeding	Use legend to document feeding route and feeding type.											
Feeding Route	NG = Nasogastric	Bo = Bottle										
reeding Route	OG = Orogastric	Br = Breast										
Feeding Type	EBM = Expressed Breast Milk	DBM = Donor Breast Milk	BMS = Breast Milk Substitute									
Volume	Document volume in mL.											
Diaper												
Wet	Indicate with √ if diaper is wet. Reco	Indicate with √ if diaper is wet. Record any variance in the Narrative Nursing Notes.										
Stool	Indicate with √ if infant had a bowel	movement. Record any variance in the Narr	rative Nursing Notes.									
Initials	Add initials after completion of asses	sment and cares.										

Section C

Use the Narrative Nursing Notes on page 2 to:

- > Document all other assessments that are not included in the flow chart on page 1.
- > Document unexpected events.
- > Document interventions related to unexpected events.

References

- Transport E. EMS and Interfacility Transport [Internet]. Accreditation Canada E-Store. 2019 [cited 18 September 2019]. Available from: https://store.accreditation.ca/products/ems-and-interfacility-transport
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- 4. NANN. Neonatal nursing transport standards. Glenview, IL: National Association of Neonatal Nurses; 2010.
- [Internet]. Bccnp.ca. 2019 [cited 23 September 2019]. Available from: https://www.bccnp.ca/Standards/RN_NP/StandardResources/RN_NP_ ProfessionalStandards.pdf

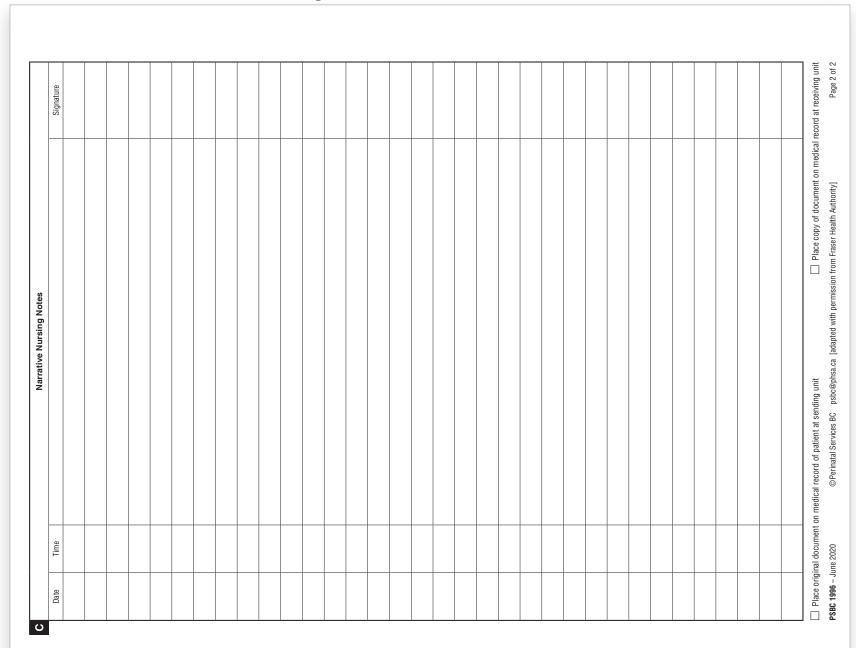
Appendix

BC Low-Risk Infant Transport Patient Care Flow Sheet

							Initials			N/A	delines		jew loot2 slsitini									Feeding Type	: EBM = Expressed Breast Milk DBM = Donor Breast Milk BMS = Breast Milk Surbetture
								ŧ	Check	□ 8 □	1 TC guic		`									Feed	SM = Exp Mil SM = Dou AS = Bre
								spital/u		□Yes □No □N/A	CAS and	IN & OUT	omuloV									onte	astric EE stric DE DE BN
			ival time	ultation				eiving ho			as per E	ž	eding Type									Feeding Route	NG = Nasogastric E OG = Orogastric Bo = Bottle Br = Breast
			in site ar	site cons				val at rec			tsecured		etuoA gnibee								-	n Fe	NG NG Side Bo
			Receiving hospital/unit or off-site consultation site arrival time	Sending hospital return arrival time from off-site consultation				Upon arrival at receiving hospital/unit		e?	Stretcher with incubator/car bed/car seat secured as per BCAS and TC guidelines		noitisoq									Position	P = Prone S = Supine RS = Right side LS = Left side
			off-site	rival tim			-			eiving sit	tor/car b	F	Tone										rtonic tonic F
			al/unit o	return a		nature	Initials			3N at rec	h incuba	ASSESSMENT	Behavioural State										 ✓ = Normal → = Hypertonic ← = Hypotonic F = Flaccid
			ng hospit	j hospital		Transport RN Signature		tment		Handed over to RN at receiving site?	tcher wit	ASSE	Respiratory Character										DS = Deep Sleep C = Crying LS = Light Sleep 1 = Irritable 7 QA = Quiet Alert DR = Drowsy V AA = Active Alert L = Lethargic F
			Receivir	Sending		Transpo		e appoin		Handed	Stre		Sentral Solution Sentral Solution Solut									ral State	C = Cr
								om off-sit			ower											Behavioral State	eep Sleep ight Sleep uiet Alert ctive Alert
								back fro		□N/A	nmHg 🗀 Incubator power	ATION	Fi0 ₂										DS = D LS = Li QA = Q AA = A
								On arrival back from off-site appointment	Check	□Yes □No □N/A		OXYGENATION	uim/Jm									racter	gular actions al flaring
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					_		Initials				prior to departure	<u>s</u>	Respiratory Rate									Respiratory Character	 ✓ = Normal = Irregular S = Shallow R=Retractions G = Grunt F=Nasal flaring
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Transp w She			e time	ure time	e consultat			I/unit		sport	ulance prio	VITA	Heart Rate									Colour	J = Jaundice PI = Plethoric C = Cyanotic
Low-Risk Infant Transport Patient Care Flow Sheet			nit departur	Offsite consultation site departure time	BCAS Crew Member for off-site consultation return		med	☐ Prior to leaving the hospital/unit	ilk (EBM)	EBM packed and ready for transport	Equipment check once in ambulance prior to departure Rositive Pressure Device Suction 80-1-	AP.	Ov198\sillixA	,								ပြိ	= Pink = Pale = Mottled
iisk II t Car		Member	spital/ur	sultation	Member	N Name	ity confir	leaving 1	Breast Mi	d and rea	check on	TEMP	Incubator										√ □ ≥
.ow-F atien	Date	BCAS Crew Member	Sending hospital/unit departure time	Offsite con:	3CAS Crew	Transport RN Name	Infant identity confirmed	☐ Prior to	Expresses Breast Milk (EBM)	BM packe	quipment		9miT									O ₂ Route	RA = Room Air A = Ambient M = Mask LF = Low Flow

Appendix

BC Low-Risk Infant Transport Patient Care Flow Sheet





Obtaining Copies of the BC Low-Risk Infant Transport Patient Care Flow Sheet

For sites wishing to order forms or to obtain ordering information, please refer to the PSBC website:

perinatalservicesbc.ca/health-professionals/forms

If you have any questions or feedback about any of the PSBC perinatal forms, please email psbc@phsa.ca or call 604-877-2121.

