



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

Guide for Completion

June 2020



**Perinatal
Services BC**

Provincial Health Services Authority

Table of Contents

1. Introduction	3
2. Abbreviations	4
3. Documentation Recommendations	5
4. Completion of the Form	6
Section A	6
Section B	7
Section C	9
5. References	9
6. Appendix – BC Low-Risk Infant Transport Patient Care Flow Sheet	10

© 2020 Perinatal Services BC

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

All rights reserved. No part of this publication may be reproduced
for commercial purposes without prior written permission from
Perinatal Services BC. Requests for permission should be directed to:

Perinatal Services BC

Suite 260
1770 West 7th Avenue
Vancouver, BC V6J 4Y6

T: 604-877-2121
F: 604-872-1987
psbc@phsa.ca
www.perinataleservicesbc.ca

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.



Completion of the Form

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 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.

Completion of the Form

Item	Description
Assessment	Use legend to document assessment of colour, respiratory character, behavioural state, tone, and position
Colour: Central / peripheral	✓ = Pink P = Pale M = Mottled J = Jaundice Pl = Plethoric C = Cyanotic
Respiratory Character	✓ = Normal S = Shallow G = Grunt I = Irregular R = Retractions F = Nasal flaring
Behavioural State	DS = Deep Sleep LS = Light Sleep QA = Quiet Alert AA = Active Alert C = Crying I = Irritable DR = Drowsy L = Lethargic
Tone	✓ = Normal ↑ = Hypertonic ↓ = Hypotonic F = Flaccid
Position	P = Prone S = Supine RS = Right side LS = Left side
In & Out Feeding	Use legend to document feeding route and feeding type.
Feeding Route	NG = Nasogastric OG = Orogastric Bo = Bottle 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. Record any variance in the Narrative Nursing Notes.
Stool	Indicate with ✓ if infant had a bowel movement. Record any variance in the Narrative Nursing Notes.
Initials	Add initials after completion of assessment and cares.

Completion of the Form

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

1. 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>
2. Insoft R, Schwartz H, Romito J. Guidelines for air and ground transport of neonatal and pediatric patients. 4th ed. Elk Grove Village, Ill.: American Academy of Pediatrics; 2016
3. Verklan M, Walden M. Core curriculum for neonatal intensive care nursing. 5th ed. Elsevier; 2015
4. NANN. Neonatal nursing transport standards. Glenview, IL: National Association of Neonatal Nurses; 2010.
5. [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

British Columbia Low-Risk Infant Transport Patient Care Flow Sheet

Surname _____ Given name _____
Address _____
Phone number _____ Personal health number _____

A

Date _____

BCAS Crew Member _____

Receiving hospital/unit, departure time _____
Sending hospital/unit, arrival time _____

Offsite consultation site, departure time _____
Sending hospital return, arrival time from off-site consultation _____

BCAS Crew Member for off-site consultation return _____

Transport RN Name _____ Transport RN Signature _____

Initials	Initials	Initials
<input type="checkbox"/> Infant identity confirmed	<input type="checkbox"/> On arrival back from off-site appointment	<input type="checkbox"/> Upon arrival at receiving hospital/unit
Expresses Breast Milk (EBM)	Check <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Check <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
EBM packed and ready for transport	Handed over to RN at receiving site? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

Equipment check once in ambulance prior to departure
 Positive Pressure Device Suction 80–100 mmHg Incubator power Stretcher with incubator/car bed/car seat secured as per BCAS and TC guidelines

TEMPT	VITAL SIGNS			OXYGENATION			ASSESSMENT				IN & OUT									
	Incubator	Axilla/Servo	Heart Rate	SpO ₂	Respiratory Rate	O ₂ Administration Route	mL/min	FiO ₂	Colour Central	Periphal	Respiratory Character	Behavioural State	Tone	Position	Feeding Route	Feeding Type	Volume	Diaper Wet	Stool	Initials

Place original document on medical record of patient at sending unit
 Place copy of document on medical record at receiving unit

PSBC 1996 – June 2020 © Perinatal Services BC psbc@phsa.ca [adapted with permission from Fraser Health Authority] Page 1 of 2



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**.

