British Columbia

		Infant		-	t													
Patient Care Flow Sheet																		
Date																		
BCAS Crew Member								Phone number Personal health number										
Sending hospital/unit departure time								Rece	Receiving hospital/unit or off-site consultation site arrival time									
Offsite consultation site departure time								Send	Sending hospital return arrival time from off-site consultation									
BCAS Crew Member for off-site consultation return																		
Transport RN Name						Tran	Transport RN Signature											
Infant ide	Infant identity confirmed Initials							Initials Initials										
☐ Prior to leaving the hospital/unit				☐ On arrival back from off-site				off-site app	e appointment				rival at red	receiving hospital/unit				
Expresse	s Breast	Milk (EBM)		L			Check									Che	ck	
EBM pack	EBM packed and ready for transport						Han	Handed over to RN at receiving site?					☐Yes ☐No ☐N/A					
Equipment check once in ambulance prior to departure □ Positive Pressure Device □ Suction 80–100 mmHg □ Incubator power							r 🗆 :	☐ Stretcher with incubator/car bed/car seat secured as per BCAS and TC guidelines								·S		
	TE	TEMP VITAL SIGNS OXYGENATION ASSESSMENT						IN & OUT										
					ate	iton			Colour		tate				Feeding		Diaper +-	
Time	Incubator	Axilla/ Servo	Heart Rate	Sp0 ₂	Respiratory Rate	0 ₂ Administraton Route	mL/min	Fi0 ₂	Central Peripheral	Respiratory Character	Behavioural State	Tone	Position	Feeding Route	Feeding Type	Volume	Stool	Initials
O ₂ Ro		Colour			Respiratory Character			Behavioral State			Tone				_		Feeding T	
A = Ambient P =		✓ = Pink P = Pale M = Mottled J = Jaundice PI = Plethoric C = Cyanotic		S = Shallow R = Retractions G = Grunt F = Nasal flaring			OS = Deep Sleep C = Crying LS = Light Sleep I = Irritable QA = Quiet Alert DR = Drowsy AA = Active Alert L = Letharg			✓ = Normal↑ = Hypertonic↓ = HypotonicF = Flaccid		S = Supine RS = Right side		NG = Nasogastric OG = Orogastric Bo = Bottle Br = Breast BMS = Expressed B Milk DBM = Donor Breas BMS = Breast Milk Substitute			east Milk	

☐ Place original document on medical record of patient at sending unit

 $\hfill \square$ Place copy of document on medical record at receiving unit

Narrative Nursing Notes								
Date	Time		Signature					
			<u> </u>					

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