



# memo

**Date:** February 10, 2017  
**To:** Users of Forms  
**From:** Taslin Janmohamed-Velani  
Coordinator, Knowledge Translation  
Perinatal Services BC  
**RE: Form Updates:** Neonatal Transfer Record

## 1. Additions

As part of the follow up to the 2016 Coroner's report on infant deaths, from recommendations of the Maternal/Newborn Transfer Network, and from BC's Neonatal Educators, the Neonatal Transfer Record, PSBC 1600 (and companion Guide for Completion) has recently been updated to include the following:

### a) Consultant Contact Information

Feedback from some sites indicated when social issues were identified at a receiving site, there was no contact information for the social worker from the sending site to confer with and review history or any relevant details.

<b>10. Consultants</b>	<input type="checkbox"/> Social Work, Name: _____	Contact: _____
	<input type="checkbox"/> MCFD, Name: _____	Contact: _____

### b) Complex Care/Teaching

Part of the feedback received included a request for reminders to discuss a Safe Sleep Environment as part of parent teaching and a space to document any socioeconomic needs that were identified.

A check box for safe storage and handling of human milk was also added, as a reminder to ensure parents were provided information on how to safely handle expressed human milk to prevent contamination.

<b>11. Complex Care/Teaching</b>	
<b>Parent Teaching: Basic Care for Baby:</b>	<input type="checkbox"/> Bath <input type="checkbox"/> Diaper Change <input type="checkbox"/> Temperature <input type="checkbox"/> Cuddle <input type="checkbox"/> Skin-to-Skin <input type="checkbox"/> Feeding <input type="checkbox"/> Safe Sleep Positions/Environment
<input type="checkbox"/> Complex Care Involvement/Teaching (specify):	<input type="checkbox"/> RSV Screening/Teaching <input type="checkbox"/> Purple Crying <input type="checkbox"/> Biliary Atresia <input type="checkbox"/> Maintenance of Milk Supply
	<input type="checkbox"/> Safe Storage and Handling of Human Milk
Other: _____	
_____	
_____	
_____	

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**12. Additional Information** (including socioeconomic issues / needs)

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**2. Deletions**

As Car Seat Challenges are not done prior to an acute or repatriation transfer, Neonatal Educators deemed it unnecessary to have on this Transfer Record.

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Passed Car Seat Challenge     Not Done

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**3. Modifications**

RSV Prophylaxis information was modified to be clear about whether the infant is a candidate and whether or not they were given prophylaxis.

RSV Prophylaxis Candidate:     Yes     No  
RSV Prophylaxis Date Given: \_\_\_\_\_     Not Given

EBM in Cooler updated to reflect it has been double checked in an attempt to avoid error in sending the wrong milk to receiving sites.

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**13. Transfer Checklist** (if applicable \* indicates mandatory)

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Physician Discharge Order   | <input type="checkbox"/> 2 ID Bands on Baby*  | <b>Acute Transfer</b>                              | <b>Repatriation Transfer</b>                              |
| <input type="checkbox"/> Copy of Chart (refer to Guide for Completion)*  | <input type="checkbox"/> ID Bands Checked with RN/Transport Team*   | <input type="checkbox"/> Maternal Blood            | <input type="checkbox"/> EBM double checked and in cooler |
| <input type="checkbox"/> Copy of MAR*  | <input type="checkbox"/> Parents Notified of Transfer*  | <input type="checkbox"/> Cord Blood                | <input type="checkbox"/> Personal Belongings              |
| <input type="checkbox"/> Signed Transfusion Consent  | <input type="checkbox"/> Parents to Accompany<br><input type="checkbox"/> Mother <input type="checkbox"/> Partner | <input type="checkbox"/> Placenta                  | <input type="checkbox"/> Medications                      |
| <input type="checkbox"/> Discharge Summary from Sending Facility*<br><input type="checkbox"/> Mother <input type="checkbox"/> Baby | <input type="checkbox"/> Pumping Initiated _____ (date)   | <input type="checkbox"/> Baby's Blood Culture      |   |
|  | <input type="checkbox"/> Report Given to Receiving Facility   | <input type="checkbox"/> Other Lab Work            |   |
|  |   | <input type="checkbox"/> Vitamin K administered    |   |
|  |   | <input type="checkbox"/> Erythromycin administered |   |