

Neonatal L2/L3 Repatriation Algorithm  
Final: Sept 15<sup>th</sup>, 2011

Repatriation/Mode of Transport decision is made by Sending MD  
(sending MD may choose to call receiving MD independently of BC Bedline at this time)

THE SENDING SITE DELEGATE (PFC/ PCC) THEN CALLS BC BEDLINE WITH THE DETAILS  
(NAME OF THE RECEIVING SITE, MODE OF TRANSPORT, PT. DEMOGRAPHICS)

**1.866.233.2337**

**BC BEDLINE**

Receives info from sending delegate, confirms bed by checking the website and calling the site.

**BED AVAILABLE ?**

**YES**

1. If sending and receiving MD's have not yet connected, BC Bedline links them now for medical handover, then MD's hang up.
2. BC Bedline calls the sending delegate and links them with PAACC(ITT)/BCAS(BLS car) to arrange transport.
4. **If same day transport not available?** BCBedline notifies BCW's PFC/PCC who consults and escalates appropriately.
5. BC Bedline provides the ETD and ETA to the receiving site delegate.

**NO**

1. BC Bedline connects with the receiving site, requests they waitlist the pt transfer, and confirm their timeline for bed availability.
2. BC Bedline notifies the sending site that the pt transfer has been waitlisted and provides them with the timeline.
3. BC Bedline provides an update to everyone Provincially on the 1130 neonatal teleconference.

**BED AVAILABLE**

**Principles for Neonatal Repatriation Transfer using BLS Car (Non-ITT):**

- Baby is term (corrected gestation 37-42 wks)
- No need for in-transit O2, incubator, IV or Medication Administrations, NG feeds, has passed infant car seat challenge, no need for incubator transport.
- Weather and distance implications have been considered
- No need for respiratory support or other medical support