

Checklist: Preparation for retrieval

Contact RSQ (phone 1300 799 127) immediately if there is significant deterioration in the baby's clinical status, or if additional or unplanned interventions or treatment are required.

Prior to the retrieval team arriving check:

- Airway safety maintained
- Oxygenation optimised
- IV access secure
- Medications and fluids managed
- Thermoregulation maintained
- Patient documentation completed
- Parents communicated with and have written parent information

☐1. Parents:

- ☐ Consent to retrieval
- ☐ Informed of possible complications
- ☐ Advised of initial plan of care
- ☐ Have photos of baby

☐2. Preparation of the baby:

- ☐ Identification bands secured on baby: name (baby of [mother's name]), patient record number, date/time of birth, sex
- ☐ Document baby's first name if known
- ☐ Nil by mouth
- ☐ OGT/NGT
 - ☐ Inserted (OGT if respiratory distress/CPAP)
 - ☐ Position checked on x-ray if possible
 - ☐ Gastric contents emptied
 - ☐ Free drainage
- ETT
 - ☐ Secured at correct insertion depth
 - ☐ Position checked on x-ray (if possible)
 - ☐ Length documented
- Intravascular lines:
 - ☐ Labelled (PIVC, umbilical)
 - ☐ IV cannula securely taped
- ☐ Maintenance IV therapy (10% glucose) in progress
 - ☐ Umbilical:
 - ☐ Sutured and securely taped
 - ☐ Position checked on x-ray (if possible)
- ☐ IV antibiotics administered (IM if unable to obtain IV access) after collection of blood culture (if possible)
- ☐ Continuous monitoring (cardiorespiratory and SpO₂)
- ☐ Analgesia and/or sedation administered as indicated
- Appropriate care initiated:
 - ☐ Neurodevelopment (positioning, lighting and noise reduction)
 - ☐ Skin
- ☐ Retrieval service advised of changes to baby's condition that may affect ongoing care or transport logistics



Checklist: Preparation for retrieval (continued)**❑3. Documentation (2 copies):**

- ☐ Referral letter (including maternal obstetric history and reason for transfer)
- ☐ Neonatal medical/nursing notes
- ☐ Neonatal observation record
 - Neonatal medication record:
 - ☐ Konakion
 - ☐ Antibiotics
- ☐
 - ☐ Hepatitis B vaccination
 - ☐ Analgesia and/or sedation
 - ☐ Other _____
- ☐ Neonatal fluid administration record
- ☐ Pathology results
- ☐ Queensland Health perinatal data collection form
- ☐ NBST card (signed by parent)
- ☐ Maternal obstetric progress notes (medical, obstetric, antenatal, intrapartum history)
- ☐ Maternal choice for baby feeding (breastfeeding/formula) documented
- ☐ Parent(s) contact details (names, address/es, phone numbers)

❑4. Additional requirements:

- ☐ PACS imaging made available to receiving hospital or x-ray hard copies provided
- ☐ Baby's *Infant Personal Health Record*
- ☐ Directions and contact details of the receiving hospital for parent(s)
- ☐ Social worker or Aboriginal and/or Torres Strait health worker contact
- ☐ Assistance with accommodation
- ☐ Interpreter (if required) to explain care and treatment to parents

❑5. Send with baby:

- ☐ Any pathology specimens (if required)
- ☐ Expressed breast milk (if available)
- ☐ Other consents (e.g. pacifier use)

