

## A day in the life of a CenTre transport nurse

My day shift starts at 07:45am; we usually have our shift handover at 8 o'clock so there was time for me to check my equipment before then. At the shift handover we discuss all of the jobs for the day with our Matron, our service lead who is a Nurse Consultant and our Transport Consultant for the shift. Transfers are allocated on a priority basis to best utilise the skills of our teams on duty

Here's my work from a recent day and how it all went.

### **Transfer One**

My first transfer request was from a local neonatal unit to transfer a baby with a heart condition to a specialist cardiac unit. When a referral is received we have to fill in our transfer paperwork to ensure we get a full picture of the baby's condition. I took all the details and advised the referring unit about starting some intravenous fluids and repeating blood gases to check everything was OK for the transfer. We have got our own dedicated ambulances and drivers but we still have to log each journey with ambulance control. Before leaving my base I checked in with the transport consultant to let her know about the transfer and briefed the transport fellow who was coming with me.

When we arrived at the referring unit we introduced ourselves to the family and the medical and nursing team who were looking after the baby. They gave us an update on the baby's care. The transport doctor examined the baby, and while he was doing that I explained the transport process and equipment to the baby's parents, and answered any questions they had about the transfer. This is a scary time for parents and there's a lot of information for them to absorb so I gave them one of our parent information leaflets. This has lots of information about our service and is something they can keep and look at again if they need.

All of the babies we transfer are monitored with a saturation probe, ECG leads, and continuous temperature monitoring. Before moving the baby into my transport incubator I re-checked that it was set up correctly for this baby, for example, that the incubator temperature was appropriate.

When we were happy that everything was ready we moved the baby quickly and safely into the transport incubator. I fastened the baby into a safety harness, attached the monitoring lines and the IV fluids. I started recording the baby's observations on the transport paperwork from this time. The parents wanted a special toy to travel with the baby, so I put this in the incubator. This often helps to settle the baby, and can be a comfort for the parents to know that there's something personal with their baby during the period when they're apart, even if it's only for a short time.

While the baby was settling I checked that I had all of the paperwork I needed to take with me. The doctor took a blood gas, which we reviewed, and we agreed that the baby was ready to be moved. We said goodbye to the parents and left the unit. Once we were all safely in the ambulance, I rang the receiving unit and gave them an update of the baby's condition along an estimated time of our arrival. My transport doctor also spoke to the receiving unit medical team.

The baby travelled well and we handed him over to the nursing and medical staff at the specialist receiving unit.

## **Transfer Two**

This baby boy was born early and was initially moved because a sicker baby needed specialist care. As there were not enough specialist cots available this baby was transferred out as he was the least sick of the two babies.

There were some concerns that this baby had developed an infection while on the referring unit, so further blood tests had been done there, and antibiotics were given. A few days later the tests came back as negative and his antibiotics were stopped. He was started on milk feeds, which he tolerated well.

We were contacted to transfer the baby back to his original unit as they now had space and he was well enough to travel. I took his details was able to arrange to do the transfer on the same day. We always make a feeding plan for the babies on milk feeds. In this case, I was able to transfer him in between his feeds, so he wasn't left feeling hungry.

The baby's parents were at home, but had planned to travel directly to the receiving unit. During the journey I monitored his heart rate, oxygen saturation levels, his respiratory rate and temperature, all of which were satisfactory. On arrival at the receiving unit I handed his care over to nurse and doctor who were going to look after him.

As transport nurses we look after babies for a short time, so it was satisfying to transfer a baby who was making good progress and would soon be able to go home with his family. While I'm transferring the baby, I'm aware that my role is also to support the family.

Being a neonatal transport nurse is a very rewarding job that needs teamwork, good communication skills and where we benefit from extra training. As I hope this brief outline demonstrates, my job allows me to be part of a great team.