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Title: NNTP Referral Process & Transfer Inclusion Criteria for Referring Hospitals			Reviewed: Oct 2016 March 2025

NNTP Referral Process & Transfer Inclusion Criteria for Referring Hospitals

NNTP Referral Process

1. Only referrals made by the Consultant, Registrar or Neonatal Nurse Practitioner responsible for the infant can be accepted by the NNTP to transport. Calls made by other team members will result in unnecessary delays as they will require further verification by one of the above named clinicians.
2. The decision to accept the transport is made by the NNTP consultant on call.
3. **Forward transports to Level 3 NICUs:**
The referring clinician calls the NNTP via the NAS's call handling service on **1800 222378**, stating if there is a preferred hospital to which the infant is to be admitted. If there is no preferred hospital and the bed is not already sourced, the NNTP team will we will try to facilitate/assist in locating one. In the first instance, a bed should be sought in the hospital on NNTP call that week and if not available, a bed should be sought from the hospital next on call for NNTP Transports.
4. **Transports to CHI PICUs or abroad:**
The referring clinician must source a bed with the receiving hospital via the standard pathways (**1800 222378** /www.PICU.ie) prior to the call handler referring the call to the NNTP
5. **Time critical, unstable patients:**
Time critical patients are typically:
 - Birth or imminent delivery of a patient <27 weeks gestation in non-tertiary unit
 - Acidotic/unstable infants with suspected duct dependent congenital heart lesions
 - Infants requiring therapeutic cooling
 - Infants requiring urgent, time critical surgery/surgical care in a paediatric tertiary centre (e.g. patients with gastroschisis, tracheo-oesophageal fistula on ventilator, suspected volvulus or diaphragmatic hernia)
 - Other critically ill/unstable infants requiring urgent tertiary ICU care

In these cases, please call the NNTP as soon as possible to request transfer. The bed in the receiving NICU/PICU should be requested, however this does not necessarily have to be confirmed prior to NNTP team mobilisation but **MUST** be finalised prior to leaving the referring hospital with the patient

Note: It may be appropriate to transport a time critical, deteriorating patient using local resources - this is at the discretion of the referring team/consultant. Factors like NNTP availability, severity of illness, distance and local human resources may play a role. The NNTP team can assist with the decision.

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Inclusion Criteria for Transfer by the NNTP

1. Infants must be < 28 days old (corrected gestational age) AND weigh less than 5.5 kg.
2. Infants for NNTP transports must require INTENSIVE/HDU care management by a Neonatal Registrar/Consultant and Neonatal Intensive Care Nurse. Although most infants in this category do require ventilatory support, being intubated /or on nCPAP is not necessarily a precondition for acceptance to transport.
3. Repatriation of patients who still require 'Intensive care' is generally accepted - subject to consultant decision. The NNTP is unable to conduct routine back transfers (repatriations) or routine transfers for investigative procedures.
4. The NNTP is not routinely available for repatriations of patients who require palliative care. Exceptions are subject to direct Consultant to Consultant referral.
5. The NNTP cannot be booked in advance but it is reasonable to inform the NNTP team of a possible upcoming transport ahead of bed confirmation. However, as another more urgent transport may occur in the interim, the NNTP team will be unable to guarantee availability until the receiving hospital bed has been confirmed.

Note: It may be appropriate to transport a time critical, deteriorating patient using local resources - this is at the discretion of the referring team/consultant. Factors like NNTP availability, severity of illness, distance and local human resources may play a role. The NNTP team can assist with the decision.