

Appendix K

**Neonatal Intensive Care Unit  
Salisbury NHS Foundation  
Trust**

**Transfer check list**

Infant Name;

Number;

Date;

Task	Done	Signature
Parents aware		
Provide Map		
Consent form		
Maternal blood		
Inform Postnatal Ward		
Arrange Transport with Ambulance Control ext; 2601		
Check Transport Incubator		
Extra cylinders required?		
Monitoring equipment [Propaq]		
Drug box		
Syringe pump[s]		
IV fluids labelled		
Transfer letter - nursing		
Transfer letter - ANNP/Paed		
Photocopy notes		
Xrays		
Infants' personal belongings		
EBM		
Ensure infant has empty-stomach		
Anti emetic [staff]		
Inform accepting unit of departure time		
Blood gas and base line obs prior to departure		
Inform mothers' consultant.		
Transfer Observation form		