**Appendix 3: ScotSTAR Repatriation Transfer Documentation and Booking Process**

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Pre transport checklist for referral units

*Elective Transfers*

|  |  |  |  |
| --- | --- | --- | --- |
| Ref Unit | Rec Unit | Date of transfer | |
| Name |  | CHI | |
| *DAY BEFORE TRANSFER* | | | *Tick when completed* |
| Has the referral been made to the receiving unit and the patient accepted | | |  |
| Transfer letter completed and two copies available.  All relevant screening communicated in badger letter | | |  |
| Other paperwork in an envelope for receiving unit photocopied and available (This might include drug kardex, growth chart, fluid/feeding charts etc) | | |  |
| Relevant subspecialty team(s) informed (if applicable) | | |  |
| Relevant liaison services informed (if applicable) | | |  |
| Parents’ details completed on Nursing transfer form or equivalent document *(names, telephone numbers)* | | |  |
| Parents informed of transfer *and given information leaflet* | | |  |
| Parents informed that any personal effects are packed *(one small bag please, this includes babies toys etc).* Note: For journeys by aircraft luggage must weigh <10kg total) WE CANNOT TAKE CARSEATS. | | |  |
| Has the patient has had any positive infection screening (team must be made aware) | | |  |
| Elective referral form emailed to ScotSTAR | | |  |

|  |  |
| --- | --- |
| ON THE DAY OF THE TRANSFER |  |
| EBM collected if appropriate *(we carry a freezer bag) MAX OF 48HRS SUPPLY*  (please note additional supplies of EBM are the responsibility of the parents to transport, as we do not have the ability to provide additional appropriate storage on the journey) |  |
| Identify appropriate individual to provide comprehensive verbal handover to the ScotSTAR team. |  |
| All IV fluids drawn up in 50ml or 60ml syringes (If required) |  |
| Bloodspot / pre transfusion bloodspot card available (if applicable) |  |
| If parents/carer travelling with the team , are they aware of ETA of the team. (The team will be unable to wait around for parent to arrive) |  |

Principles of Discharge Planning and Follow-Up: A Framework v1.0 November 2019