



Nurse Led Retrieval

Scope (Staff):	Nursing and Medical Staff
Scope (Area):	NETS WA

Child Safe Organisation Statement of Commitment

CAHS commits to being a child safe organisation by applying the National Principles for Child Safe Organisations. This is a commitment to a strong culture supported by robust policies and procedures to reduce the likelihood of harm to children and young people.

This document should be read in conjunction with this [disclaimer](#)

Aim

To identify infants from referring centres that are suitable for transfer to be led by a NETS competent nurse. NETS competent nurse is defined as a nurse who can function independently in an advanced and extended clinical role.

Risk

Failure to follow inclusion/exclusion criteria can result in avoidable clinical deterioration and/or suboptimal care.

Principles

- The focus of nurse led retrievals is the movement of a 'stable' infant. If there are any clinical concerns, a full NETS team should be dispatched. The process for assessing eligibility is based on criteria.
- All infants suitable for nurse led retrievals **must** be made in collaboration with the on-duty NETS consultant (and NETS Clinical Nurse Consultant where relevant).
- The priority assigned is based primarily on the time to definitive care for the patient rather than the clinical severity of their condition. Specifically, a baby may be transferred with bilious vomiting as a priority 1 who is otherwise clinical stable and unlikely to deteriorate.
- All NETS WA equipment **MUST** be taken except the NETS drug bag.

Inclusion / exclusion criteria for nurse led retrievals
<p>Inclusion Criteria</p> <ul style="list-style-type: none"> • Stable respiratory condition and oxygen requirements >48 hours without frequent or low episodes of desaturations. • Cardiovascular stability (consistent heart rate and blood pressure). • PGL greater than 3.0mmol within 60 minutes of referral. If ongoing IV maintenance fluid is required, PIVC should be sited and patent. • Neonatal jaundice with an SBR below exchange level and normal neurological assessment. (On-duty Consultant to utilise Jaundice Threshold Graph to assess suitability). • A neonate with bilious vomits may be considered as nurse-led if no transport doctor is on site and the infant is otherwise stable with nil respiratory or systemic compromise
<p>Exclusion Criteria</p> <p>Clinical concerns may include (but are not limited to):</p> <ul style="list-style-type: none"> • Untreated respiratory distress or escalating respiratory support. • Frequency and severity of desaturations and/or bradycardia; this is to be assessed on the referring call and documented. • Untreated hypoglycaemia. • Abnormal, or unexplained vital signs e.g. tachycardia/hypotension. • Abnormal blood gas (outside of acceptable ranges as determined by NETS consultant) • Abnormal neurological findings including seizures • Requirement for medical procedure (necessitating the presence of NETS doctor).

Process

Steps to take following referral to NETS WA team
1. NETS WA consultant triages suitability for nurse led retrieval based on criteria. Where available, a recent blood gas analysis should be included in the assessment.
2. NETS Nurse confirms transport demand falls within their scope of practice. Note: At any stage in the triaging process, the NETS nurse may decline a nurse led retrieval if they feel the patient care needs exceed their current scope of practice.
3. Preparation for departure performed as per operational guideline. Operational guideline

Steps to take following referral to NETS WA team

4. On arrival at referring centre, NETS nurse

- Receives ISOBAR handover
- Performs physical assessment and documents all findings on MR400.01
- Contacts NETS via call conference system to discuss care and management with the on-duty NETS Consultant prior to loading neonate into NETS cot.

If the NETS nurse has any concerns that they may be practicing outside their scope of practice or has concerns about the infants condition and/or stability, a NETS Dr will be dispatched to support the retrieval.

Related CAHS internal policies, procedures and guidelines


[Child and Adolescent Health Service | CAHS - NETS WA clinical guidelines and protocols](#)

[Child and Adolescent Health Service | CAHS - Referrals and advice calls](#)

[Bilious Vomiting, suspected malrotation/volvulus \(health.wa.gov.au\)](#)

[Handover and Transition to the Neonatal Unit \(health.wa.gov.au\)](#)

This document can be made available in alternative formats on request.

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