



GUIDELINE

Transition and Transfer from Neonatology to a PCH Inpatient Unit (IPU)

Scope (Staff):	Nursing and Medical Staff
Scope (Area):	NICU KEMH, NICU PCH, 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 outline the transition and transfer process for patients from Neonatology at Perth Children's Hospital (PCH) and King Edward Memorial Hospital for Women (KEMH) to a PCH inpatient unit (IPU) or Ward 3A Paediatric Critical Care (PCC).

Risk

Patients are at risk of sub optimal care due to the lack of available paediatric resources within Neonatology across both KEMH and PCH, when transfer is delayed. This further leads to inefficiencies in bed management, lack of bed availability and speciality resources within Neonatology.

Definitions

Short term stay: Length of stay in Neonatology is up to 4 weeks and anticipated stay following transfer to new IPU or PCC is 2 weeks or less.

Long term stay: Length of stay in Neonatology is greater than four (4) weeks and / or anticipated stay following transfer to new IPU or PCC is greater than 2 weeks.

Neonatology: SCN and NICU at KEMH and Ward 3B NICU at PCH.

Paediatric Critical Care (PCC): Ward 3A Paediatric Intensive Care and High Dependency Unit at PCH.

Principles

- Patients admitted to Neonatology outside of admission criteria due to bed shortages will be transferred to an appropriate IPU or PCC as soon as a bed is available.

Short Term Stay Principles

- Short term patients are predominantly intra-hospital transfers from 3B NICU in the event of bed demand exceeding capacity.
- Requests are raised with the HCM and managed through EBM (Enterprise Bed Management) if accepted as suitable for transfer via the intra-hospital transfer process.
 - Require accepting PCH doctor prior to transfer.

Long Term Stay Principles

- Long term stay infants are considered for transfer when they are > 41 weeks and expected to have an extended length of stay requiring specialist input.
- Whenever possible, planned long term stay transfers are to occur on weekdays and between 0700 and 1800 hrs.
- The Neonatal Clinical Nurse Consultant/Clinical Nurse Specialist, in liaison with the Neonatologist, will identify a suitable patient and date for anticipated transfer.
 - Identified patients are to be presented at the Long Stay Patient meeting held fortnightly.

Patients identified as suitable for transfer must be accepted by the appropriate PCH Paediatric team prior to transfer.

- All requests for transfers to PCC will be discussed with the duty PCC consultant and will require consideration to determine if the patient meets PCC admission criteria.
- All requests for transfer of patients will then be coordinated with the PCH Hospital Clinical Manager (HCM).
 - It is the responsibility of the HCM to allocate the patient to an IPU or PCC and notify the allocated area Clinical Nurse Manager (CNM) of the impending transfer.
- The Neonatology CNC/CNS or Discharge Coordinator will then discuss the impending transfer with the ward CNM. The Neonatologist will arrange a comprehensive written transfer summary and liaise with the accepting Consultant.
 - The accepting Consultant will meet the family prior to transfer of long-term patients

- Neonatal nursing staff complete the Comprehensive Transfer Summary at 3B. CNC to complete form at KEMH.
- The patient is entered onto EBM (Enterprise Bed Management)
- The Comprehensive Transfer Summary is provided by email to the HCM and the CNM when an IPU is allocated as soon as possible to allow for early identification and transition planning.
- A date for transfer is planned dependant on bed availability and confirmed on the day of transfer in consultation with the HCM and CNM.
- A tour of the IPU or PCC for the family is organised by the Neonatal CNC/CNS in conjunction with the accepting area CNM.

Short Term Transfer Procedure

On the day of transfer

1. Medical acceptance of the patient has been confirmed and documented.
2. HCM confirms bed capacity in the allocated area and advises the Neonatal CNC/CNS or Discharge Coordinator and accepting area CNM.
3. Full ISOBAR medical handover and written medical and nursing summaries are completed prior to transfer.
4. Comprehensive medical discharge summary completed (NaCS).
5. CNC/CNS to provide verbal handover to receiving IPU CNM.
6. The patient is to be entered onto EBM and accepted by receiving IPU.
7. At KEMH contact the Milk Room to alert them to transfer of patient. At PCH Neonatal Ward Dietician must be contacted to arrange for the patient's feeds to be placed on to CBORD hospital feeds system.
8. After Hours CNS should be contacted via Vocera and made aware of transfer. They will review patient once transferred to the ward bed.
9. The coordinator phones the accepting IPU coordinator to confirm the time and give a brief handover.
10. Neonatal nursing staff are to transfer the patient to the allocated IPU at the agreed time and provide a verbal ISOBAR handover to the accepting area nursing staff utilising the MR 440 Interhospital Nursing Transfer Form.

Long Term Transfer Procedure

On the day of transfer:

1. Medical acceptance of the patient has been confirmed and documented.

2. Neonatal CNC/CNS or Discharge Coordinator emails Hospital Clinical Manager and accepting IPU CNM, notifying them of acceptance and providing a Comprehensive Transfer Summary.
3. Prior to transfer an IPU tour should be arranged for parents and carers so they have been familiarised to the ward setting.
4. CNC/CNS or Shift Coordinator to place patient onto EBM for IPU transfer.
5. HCM confirms bed capacity in the allocated area and advises the Neonatal CNC and accepting area CNM.
6. The patient is accepted on EBM by the receiving IPU.
7. Full ISOBAR medical handover and written medical and nursing summaries are completed prior to transfer.
8. Comprehensive medical discharge summary completed to current date (NaCS). The Neonatal CNC/CNS or Discharge Coordinator provides an updated version of the Comprehensive Transfer Summary working in liaison with the bedside nurse.
9. At KEMH contact the Milk Room to alert them to transfer of the patient. At PCH the Neonatal Ward Dietician must be contacted to arrange for the patient's feeds to be placed on to CBORD hospital system.
10. After Hours CNS should be contacted using Vocera and made aware of transfer. They will review patient once transferred to the ward bed.
11. The coordinator phones the accepting IPU coordinator to confirm the time of transfer and give a brief handover.
12. Neonatal nursing staff are to transfer the patient to the allocated IPU at the agreed time and provide a verbal iSoBAR handover to the accepting area nursing staff utilising the Comprehensive Transfer Summary

Transfer Checklist

- Parents / carers are notified as soon as transfer planning commences. For long term stay transfers, a tour of the area is arranged prior to transfer.
- MR 440 Interhospital Transfer Form or Comprehensive Transfer Summary.
 - Is completed and updated on the day of transfer, including any pending appointments.
- Comprehensive medical discharge summary completed to current date (NaCS).
- Written nursing and medical summaries in DMR or patient notes.
- Special Child Health Referral CHS501 should be completed identifying transfer to the ward. This should then be emailed by normal process to make local CHN aware of patient movement.

- At KEMH the milk room are notified of change in patient location if special feeds are being supplied. At PCH the Ward Dietician should be contacted to arrange for the patients feeds to be placed onto the CBORD hospital feed system.
 - Ensure EBM or feeds for the day are transferred with infant.
 - Ensure the parent is aware that all hired expressing equipment is to be returned.
- All patient belongings including purple Child Health book are transferred with the patient.

Related CAHS internal policies, procedures and guidelines


Neonatology Guidelines

- [Clinical Handover](#)
- [Transfer/Transport by Air and Road of Stable Infants](#)

Perth Children's Hospital Operational Manual

- [Intrahospital Transfer](#)
- [Paediatric Critical Care Admission and Discharge](#)

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

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