

## Death in Transit

Death in transit is rare, however when it does happen it places the team in an extremely difficult situation.

No transfer should be undertaken until the infant has been adequately stabilized.

In certain situations stabilization is unachievable and the transfer is time critical (when life saving treatment is only available at the receiving hospital).

When stabilization is difficult to achieve:

- Contact the transport consultant/consultant on call
- Discuss options available
- Implement advice/treatment

When the decision has been made to continue with the transfer:

- Clinical responsibility ultimately rests with the transport consultant
- Request any specific treatments to be ready on arrival i.e. nitric oxide, cardiac echo
- Inform the parents that their baby may not survive the transfer
- Discuss with the parents where they are going to be during the transfer time
- Give estimated time of arrival

Deterioration requiring resuscitation during transfer:

- Resuscitation is always better in a hospital than the back of an ambulance, depending on the distance travelled will dictate whether to continue to the receiving hospital or to divert to the nearest A&E department.
- If the team is close to the receiving hospital it is advised that resuscitation continues until arrival.
- How long to continue resuscitation depends on the configuration of the team. An ANNP can not certify death hence resuscitation must continue until hand over to a Doctor is possible. May require referral to the coroner if unable to certify cause of death.
- If the baby dies in the ambulance continue to the hospital where the parents will be.
- If possible contact the receiving/referring consultant prior to arrival.

Completion of transfer events:

- Discuss events with parents
- Document all events, and all communications with timings
- Debrief with the transport consultant and team leader
- Feedback to referring hospital
- Complete risk management form