

Communication with the family in the transport setting

(The term parents is used to encompass the diverse combinations of that form the family unit)

A neonate who requires transfer to another hospital instigates many differing parental emotional responses. Many parents exhibit many of the grief responses which include shock, denial, anger, sadness and fear of the unknown.

'Interventions to reduce this response must be incorporated into the transport process'.

Jaimovich & Vidyasagar (2001).

The acute postnatal transfer

- ❖ Introduce yourselves to the parents, (nurse and Dr / ANNP) ideally by a member of the referring team already known to the family and explain role of the team.
- ❖ Communication with the transport team and parents should be thorough, clear and concise. Detailing present management, anticipated problems and care during the transfer process. The receiving units information booklets should be given at this time and the parents should be given time to ask questions.
- ❖ Check expectations of family and their view of reason.
- ❖ Ensure they have a realistic view of prognosis.
- ❖ Discuss risk of major deterioration or death during transfer and the steps taken to minimise the risk.
- ❖ May rarely be appropriate to take consent for surgical procedures if neither parent can travel.
- ❖ Allow time if appropriate for the parents to touch the neonate.
- ❖ If Mum is unable to visit then the neonate when ready for departure should normally be taken to the post-natal ward in the transport incubator (depending on clinical stability / urgency of transfer).

- ❖ The parents should have the opportunity to take photographs and receive Polaroid pictures from the referring unit.
- ❖ Ensure the parents are aware of the policy that only medical and nursing staff travel in the ambulance with the neonate. Also, that it is not recommended that any relatives follow the ambulance as this could be unsafe in a situation where a rapid transfer on 'blue lights' is necessary.
- ❖ Take contact numbers for parents
- ❖ If the Mum is unable to be transferred a courtesy call to advise how the neonate was during transfer is recommended.
- ❖ Take consent for any research undertaken by the transport team.
- ❖ Discussion of intended feeding choice if parents unable to travel.

The back transfer and the outpatients appointment

- ❖ Introduce yourselves to the parents ideally by a member of the referring team and explain role of transport team.
- ❖ Allow time for them to ask questions
- ❖ Explain the type of care the neonate will receive during transfer e.g. monitoring and temperature control.
- ❖ Give information (if available) about the department or unit the neonate is to be transferred to.
- ❖ Ensure that the parents are aware that only nursing and medical staff are to travel in the ambulance with the neonate.
- ❖ Advise the parents that it is unsafe to 'tail gate' the ambulance as this may cause an unnecessary incident.
- ❖ If the transfer is for an out- patients appointment arrange a rendezvous point to meet the parents.
- ❖ Update the parents on the care the neonate received during transfer and if there were any deviations from the norm noted.
- ❖ Ensure the parents know the name of the receiving hospital and ward.
- ❖ Take necessary contact numbers
- ❖ Discuss current feeding preferences and milk stores.

Reference

Handbook of Pediatric and Neonatal Transport Medicine (Second Edition)
David G. Jaimovich, MD & Dharmapuri Vidyasagar, MD, MSc
Hanley & Belfus, Inc./ Philadelphia