

## Guideline

# Transfer of an infant to a hospice or home for palliative care

## 1 Scope

This document is for use within the Acute Neonatal Transfer Service (ANTS) and a reference for neonatal units in the East of England.

## 2 Purpose

To provide guidance for the ANTS team when transferring infants with life-limiting conditions to the hospice or home for palliative care.

## 3 Definitions

EACH East Anglia's Children's Hospices  
NGT Nasogastric tube

## 4 Introduction

- Patients must be assessed by a nurse specialist before being accepted by the hospice. This should be arranged by the referring unit.
- Special consideration should be taken when organising the timing of these transfers. For example, some hospices will not accept patients after 17:00 due to changes in their staffing levels and may not be able to take patients over the weekend.
- A nurse from the referring unit, who knows the family, should travel with the patient. They will take the lead on care until it is handed over to the hospice team.
- If not travelling with the team, a member of staff from the hospice will meet the ANTS team on arrival at the hospice/home. The point at which they take over care should be planned to ensure a smooth transition for the family. If transferring to a hospice the team can stay with the patient/family for a short period if appropriate or remain on site to hold a debrief afterwards. The ANTS drivers are also welcome to come into the hospice while the transfer of care takes place.
- A parent will be offered the opportunity to accompany their baby during transfer. Due to limited ambulance seating, usually only one parent will be able to travel with the team, but if the nurse from the referring unit does not accompany the infant (or can travel separately) both parents

may be able to accompany. This will be discussed on a case by case basis.

- Consideration should be given as to whether the infant needs IV access, particularly if he/ she is on a morphine infusion. It may be that this is removed prior to leaving hospital or upon arrival to either the hospice/ home. A plan must be made by the team at the referring unit and agreed with the hospice team and the parents.
- All drugs must be prescribed and dispensed by the referring unit.
- The referring team must formulate a feeding plan prior to transfer. Adequate NGT and accompanying feeding equipment must be supplied by the referring unit along with compatible syringes (where applicable) and milk.
- Any disposable equipment should be supplied by the referring unit (such as suction catheters, dressings etc).
- Conversations regarding the possibility of post mortem examination and the potential for organ donation (if appropriate) should have already taken place at the referring unit.
- The infant's GP must be informed of the transfer in advance by the referring team and arrangements made with them (or the GP affiliated with the hospice) to certify the death.
- Prior to departure, the ANTS team needs to ensure they know how to gain suitable access with the patient to the hospice/ home. For example, if the patient is being transferred home it is unlikely that the transport incubator will be able to be taken into the house as the majority of front doors have a step leading up to them.
- Prior to departure the team also need to consider where the ambulance is going to park. If the patient is being transferred home thought must be given as to whether the road is wide enough to park the ambulance safely.
- Consider whether the patient should be monitored whilst in the ambulance even if this was not being done at the referring unit in order to alert the clinical team to any significant changes in their clinical condition. Whilst changes may not trigger any medical intervention they may alter the course of the transfer and necessitate further communication with the ANTS consultant and hospice team.
- A plan must be made with parents prior to transfer as to when respiratory support will be withdrawn. It may be that this occurs in the ambulance upon arrival or once the infant has reached the hospice/ home.
- A document detailing actions to be undertaken in the event of a cardiopulmonary arrest must accompany the patient on discharge.
- The ANTS team should discuss the parents' expectations in the event of clinical deterioration and agree on a plan prior to transfer. The team

should **not** commence cardiopulmonary resuscitation on the road, though it may be appropriate to provide airway support in the event of acute deterioration to facilitate reaching the hospice.

- If the patient dies prior to the team leaving the hospice/ home, the ANTS doctor may confirm death and document this accordingly in the ANTS patient records. The arrangements made prior to discharge for completion of the death certificate will be followed.
- The hospice staff should be provided with a copy of the paperwork from the referring unit and of the ANTS documentation.

#### **Referral process for all EACH hospices:**

- For all EACH Hospice referrals there is a single point of initial contact via the Symptom Management Nursing Service (SMNS) on 01223 815136/ 08454 501053. This applies both within normal working hours and out of hours
- The SMNS will then liaise with the relevant hospice team.

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## 5 The Nook Hospice

**Address:** EACH, The Nook,  
Pigot Lane  
Framingham Earl  
Norfolk  
NR14 7PX

**Tel:** 01603 967596

### Key information:

- For all transfers to The Nook, please liaise with their duty manager.
- The hospice team will not accept any transfers overnight, however they will be happy to liaise regarding the planning process.
- The hospice will not accept transfers at the weekend as their staffing levels are not the same during these periods. The team prefer to have a duty manager present for the arrival of a new admission who generally works 09:00-17:00 Monday-Friday. If the team know that a transfer is not coming in until that evening then they will arrange for it to be covered appropriately. In general, if the patient is not ready to leave the referring unit by 17:00 then they would prefer that the transfer be deferred until the following day.
- **Please note:** Intubated patients can be extubated or disconnected from the ventilator either in the ambulance or inside the patient's room. For planned extubations/ disconnections in the ambulance IPPV can be given until arrival to the patient's room or the infant can just be carried inside without respiratory support. It is important to ascertain parental wishes regarding this prior to transfer.
- The main entrance to The Nook hospice follows a designated driveway. There is a designated parking space for an ambulance.
- There is a ramp to transfer the incubator into the main building. Here the team will be greeted by the duty manager and staff members.
- The building is spacious with enough space to manoeuvre the transport incubator to the patient's room.
- Upon arrival to the patient's room, the team need to be aware that there is only an oxygen port on the wall, no port for air.
- It is encouraged for parents to carry their infant into the hospice. However, they may prefer that a team member assist them. The ANTS team will ensure their request is facilitated.
- Not all staff in The Nook are trained in IV cannula management. Therefore, it is preferable that the patients have no IV access. Their preference is subcutaneous access or buccal administration of medications. If the patient has an IV morphine infusion, this will need to be changed to subcutaneous or buccal administration.

## 6 Milton Hospice

**Address:** Church Lane  
Milton  
Cambridge  
CB24 6AB

**Tel:** 01223 815100

### Key information:

- For all transfers to Milton please liaise with a member of the leadership team or clinical nurse specialist
- Milton may accept patients overnight and at weekends if the necessary plans/arrangements are in place and there is adequate clinical support. Prior to leaving the referring unit liaise with the hospice team to ensure they are ready to accept the infant.
- The ambulance can park on the driveway near the main entrance of the hospice. The incubator can be taken into the hospice via a ramp. The corridors are wide enough for the incubator to be taken into any of the rooms.
- It is encouraged for parents to carry their infant into the hospice. However, they may prefer that a team member assist them. The ANTS team will ensure their request is facilitated.
- **Please note:** Intubated patients can be extubated or disconnected from the ventilator either in the ambulance or inside the patient's room. For planned extubations/disconnections in the ambulance IPPV can be given until arrival to the patient's room or the infant can just be carried inside without respiratory support. It is important to ascertain parental wishes regarding this prior to transfer.
- Not all staff in Milton are trained in IV cannula management. Therefore, it is preferable that the patients have no IV access. Their preference is subcutaneous access or buccal administration of medications. If the patient has an IV morphine infusion, this will need to be changed to subcutaneous or buccal administration.

## **7 The Treehouse Hospice**

**Address:** St. Augustine's Gardens  
Ipswich  
IP3 8NS

**Tel:** 01473 271334

- Treehouse will consider transfers over weekends following prior completion of a discharge planning checklist by an EACH Symptom Management Nursing Service Clinical Nurse Specialist (SMNS CNS).
- For all transfers to Treehouse, please liaise with their Nurse in charge / SMNS CNS
- The Ambulance can park outside the main entrance in the designated 'Drop off bay'.
- The corridors are wide enough for the incubator to be taken into any of the rooms.
- It is encouraged for parents to carry their infant into the hospice. However, they may prefer that a team member assist them. The ANTS team will ensure their request is facilitated.
- There is piped oxygen and oxygen cylinders on the premises.
- Staff availability and IV requirements would be confirmed prior to transfer being agreed.



## 8 Little Havens Hospice

**Address:** Daws Heath Road  
Thundersley  
Essex  
SS7 2LH

**Tel:** 01702 552200

- This is a 0-19yrs hospice. For all transfers to Little Havens Hospice please speak directly to the care team.
- The ambulance can park outside the main entrance.
- A nurse or member of the team will meet the ANTS team upon arrival.
- The corridors are wide enough for the incubator to be taken into any of the rooms.
- It is encouraged for parents to carry their infant into the hospice. However, they may prefer that a team member assist them. The ANTS team will ensure their request is facilitated.
- There are no on-site doctors, however there are 3 local GPs covering the hospice. Therefore it is important to communicate with the hospice an expected time of arrival.

## 8 Keech Hospice

**Address:** Great Bramingham Lane  
Streatley  
Luton  
LU3 3NT

**Tel:** 01582 497871

- This is an adult and children's hospice. Therefore, for all transfers to Keech please liaise with the nurse in charge on the children's inpatient unit.
- Although there is a doctor on-site, it is preferential for admissions to happen on Monday to Friday between 09:00-15:00 (admissions during other times can be facilitated, but this needs to happen with appropriate and early notice).
- The ambulance can park outside the main entrance, accessible to the children's unit. This is situated on the left at the top of Great Bramingham Lane.
- A nurse from the children's inpatient unit will meet the ANTS team upon arrival. During office hours the receptionist will alert the hospice team. For out of hours admissions, the ANTS team will need to ring the bell to gain entry.
- Not all staff in the Keech are trained in IV cannula management. Therefore, it is paramount that the patients have no IV access. Their preference is subcutaneous access or buccal administration of medications. If the patient has an IV morphine infusion, this will need to be changed to subcutaneous or buccal administration.



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## 9 Home

- It is important that a member of the hospice team is involved when we transfer a patient to their home.
- It may not be necessary for a nurse from the referring unit to accompany the transfer, but this should be planned in advance with the referring team
- Discussions with the parents regarding accessibility and parking of the ambulance outside their home needs to take place prior to the patient's transfer.
- Thought should be given as to how the infant will be taken into the house as the transport incubator will not be able to be taken in due to the step up to the front door. Parents should decide whether they wish their infant to be carried inside or they could be taken in in a moses basket. The ANTS team will ensure their request is facilitated.

Please note: As the transport incubator will not be able to be taken into the house parents will need to have thought about when they would like the infant to be extubated. This could be done in the ambulance and the infant then carried inside, or positive pressure ventilation could be provided using an ambubag until the infant is inside the house and extubation be undertaken there.

## 10 Monitoring compliance with and the effectiveness of this document

This document is intended for information, guidance and reference when arranging transfers for palliative care patients.

The effectiveness of the document will be monitored by review of any reported incidents via the lead consultant and nurse for risk. These incidents will be shared with the team and consideration given to any amendments if concerns are identified.

## 11 Associated documents

- ANTS Palliative care transfer document – available on website (<http://www.ants-neonatal.org>)

## Equality and diversity statement

This document complies with the Cambridge University Hospitals NHS Foundation Trust service equality and diversity statement.

## Disclaimer

It is **your** responsibility to check against the electronic library that this printed out copy is the most recent issue of this document.

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### Document management

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