



Clinical prompts

Resp

Does baby require active respiratory support?

Ventilation for apnoea may require low pressures and very slow rates
Blood gases from cool peripheries can be misleading

Avoid hypocapnoea

CVS

Does baby require inotropic support?

Blood may be needed to replace acute loss, but babies are often pale and vasoconstricted. Early consideration of inotropes is advised.

Saline may not be the best choice for volume

Fluids

Usually restrict to 40ml/kg/day, 10% dextrose

Watch for hypoglycaemia

Sepsis

Sepsis rare but CRP rise common

Get clear history of sepsis risk, take 1ml blood for cultures

Consider renal function when prescribing antibiotics

Neuro

Document encephalopathy & seizures

Discuss anticonvulsant treatment with regional NICU

Placenta

Ensure placenta is not discarded

Send placenta for microbiology and histology

Comfort

e.g. morphine infusion 5 micrograms/kg/hr

Avoid distress from cooling

Parents

Explain reason for transfer:

for neurointensive care and further investigations

Document all discussions, manage expectations