



Nurse Led Retrieval

Scope (Staff):	Nursing and Medical Staff
Scope (Area):	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 identify patients suitable for transport led by a neonatal trained registered nurse from a referring centre by NETS WA.

Risk

Transport of a potentially unstable patient out of scope of nursing practice where the patient may come to harm.

Background

Nurse led retrievals are attended by a neonatal trained registered nurse deemed competent by NETS WA to function independently in an advanced and extended clinical role. This will be discussed on a case by case basis with the on-duty NETS Consultant and Clinical Nurse Consultant.

Principles

- The process for assessing eligibility is based on criteria.
- All patients suitable for nurse led retrievals **must** be made in collaboration with the on-duty NETS consultant.
- The transport should always be undertaken with full NETS WA equipment.
- At any stage in the triaging process, the NETS nurse may decline a nurse lead retrieval.

The following criteria outlines inclusion / exclusion criteria for nurse led retrievals.

Inclusion Criteria

All babies can be considered for a nurse led retrieval at the discretion of the NETS consultant or CNC; as a guide the following criteria should be considered:

- Stable respiratory support and oxygen requirement (usually on same mode and FiO₂ for >48 hours without frequent or low episodes of desaturation (< 60%).
- Cardiovascular stability (consistent heart rate and blood pressure).
- PGL greater than 3.0mmol within 60 minutes of referral. If ongoing IV maintenance fluid is required, PIVC should be recently sited and patent.
- Bilious aspirates without respiratory or systemic compromise (e.g. increased lactate).
- Imperforate anus with no distension.
- Neonatal jaundice with an SBR below exchange level and normal neurological assessment. (Please utilise [Jaundice Threshold Graph](#) to assess suitability).

Exclusion Criteria


The focus of nurse led retrievals is the movement of a 'stable' baby. If there are any clinical concerns, a full NETS team should be dispatched. Clinical concerns may include (but are not limited to):

- Untreated respiratory distress or escalating respiratory support.
- Frequent desaturations or bradycardia.
- Any abnormal vital signs e.g. tachycardia.
- Abnormal blood gas.
- Untreated hypoglycaemia.
- Requirement for medical procedures (necessitating the presence of NETS doctor).
- Seizures or any abnormal neurological findings.

Process

Steps	Additional Information
1. Referral made to NETS WA team.	NETS WA consultant triages suitability for nurse led retrieval based on criteria. Where available, a recent blood gas analysis should be included in the assessment.
2. Retrieving nurse confirms transport demand falls within their scope of practice.	At any stage in the triaging process, the NETS nurse may decline a nurse lead retrieval if they feel the patient care needs exceed their current scope of practice.
3. Preparation for departure performed as per operational guideline.	Operational guideline
4. On arrival at referring centre, NETS nurse <ul style="list-style-type: none"> a. receives ISOBAR handover b. performs physical assessment and documents on MR400.01 c. Contacts NETS via call conference system. 	If the NETS nurse has any concerns that they may be practicing outside their scope or has concerns about patient stability, a NETS Dr will be dispatched to support the retrieval if requested.

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

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