

### Equipment Checklist

- |  |  |
|--|--|
| <input type="checkbox"/> Aeromedical Red Bag                 | <input type="checkbox"/> Spare battery bag   |
| <input type="checkbox"/> Patient specific Airway bag         | <input type="checkbox"/> Additional equipment (as needed)                            |
| <input type="checkbox"/> Spare Massimo + batteries           | <input type="checkbox"/> • I.e. USS/CMAC/iNO   |
| <input type="checkbox"/> iSTAT machine/Cartridges            | <input type="checkbox"/> Sufficient Oxygen (calc completed)                          |
| <input type="checkbox"/> Patient specific Drug/Fridge bag    | <input type="checkbox"/> Portable Suction + consumables                              |
| <input type="checkbox"/> Zoll monitor + relevant consumables | <input type="checkbox"/> IPATS folder + Documentation                                |
| <input type="checkbox"/> Hamilton + Relevant consumables     | <input type="checkbox"/> Transwarmer (if temp reg concerns)                          |
| <input type="checkbox"/> Braun Pumps x3 + 1 Infusomat        | <input type="checkbox"/> All equipment connected and charging from central power bar |
| <input type="checkbox"/> Appropriate ACRs                    | <input type="checkbox"/> O2 cylinder opened on trolley                               |
|  | <input type="checkbox"/> O2 hose plugged into ambulance                              |

### Staff Checklist

- |   |                          |
|---|--------------------------|
| <input type="checkbox"/> Passport emailed to NAC<br>neoc.aeromedical@hse.ie | <input type="checkbox"/> |
| <input type="checkbox"/> Mobile phones + charger                            | <input type="checkbox"/> |
| <input type="checkbox"/> Jackets/layers                                     | <input type="checkbox"/> |
| <input type="checkbox"/> Food/Fluids  | <input type="checkbox"/> |
| <input type="checkbox"/> Anti emetics (if required)                         | <input type="checkbox"/> |
| <input type="checkbox"/> Retrieval cash funds (overseas only)               | <input type="checkbox"/> |
| <input type="checkbox"/> AnnexF Form sent to<br>neoc.aeromedical@hse.ie     | <input type="checkbox"/> |

**NAC DESK: 1850 211869**

### Patient Checklist

- |  |  |
|--|--|
| <input type="checkbox"/> Working Vascular Access x2 (IV/IO)  | <input type="checkbox"/> Relevant scheduled medications given  |
| <input type="checkbox"/> All balloon catheters filled with water   | <input type="checkbox"/> Pt specific emergency medications drawn up  |
| <input type="checkbox"/> Gastric contents emptied  | <input type="checkbox"/> Age appropriate ear protection available  |
| <input type="checkbox"/> All pneumo-thorax/peritoneum/cephalus risks considered and mitigated where possible | <input type="checkbox"/> Sufficient blankets/layers  |
| <input type="checkbox"/> CXR & labs reviewed   | <input type="checkbox"/> All pressure areas reviewed   |
| <input type="checkbox"/> Sedation/muscle relaxation considered   | <input type="checkbox"/> Altitude associated complications identified and discussed with air crew – i.e. risk of desaturation, presence of any air leaks, need for inc. cabin pressure |

### Communication Checklist

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Discharge Summary         | <input type="checkbox"/> Recent laboratory results                   | <input type="checkbox"/> Accepting unit contacted to confirm time/bed                    |
| <input type="checkbox"/> PEWS sheet for past 24hrs | <input type="checkbox"/> CD of all relevant images                   | <input type="checkbox"/>   |
| <input type="checkbox"/> Drug Kardex               | <input type="checkbox"/> Numbers for parents/receiving unit/NAC desk | <input type="checkbox"/> NAC desk contacted to confirm ambulance availability on arrival |

#### Parent/Guardian:

Name: \_\_\_\_\_

Number: \_\_\_\_\_

#### Parent/Guardian:

Name: \_\_\_\_\_

Number: \_\_\_\_\_

#### Referring Consultant:

Name: \_\_\_\_\_

Number: \_\_\_\_\_

#### Referring Ward:

Name: \_\_\_\_\_

Number: \_\_\_\_\_

#### Receiving Consultant:

Name: \_\_\_\_\_

Number: \_\_\_\_\_

#### Receiving Ward:

Name: \_\_\_\_\_

Number: \_\_\_\_\_