

Equipment Checklist

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

Staff Checklist

- Passport emailed to NAC
neoc.aeromedical@hse.ie
- Mobile phones + charger
- Jackets/layers
- Food/Fluids
- Anti emetics (if required)
- Retrieval cash funds (overseas only)
- AnnexF Form sent to
neoc.aeromedical@hse.ie

NAC DESK: 1850 211869

Patient Checklist

- Working Vascular Access x2 (IV/IO)
- All balloon catheters filled with water
- Gastric contents emptied
- All pneumo-thorax/peritoneum/cephalus risks considered and mitigated where possible
- CXR & labs reviewed
- Sedation/muscle relaxation considered
- Relevant scheduled medications given
- Pt specific emergency medications drawn up
- R/V all infusion rate to ensure sufficient supply for entire journey back
- Sufficient blankets/layers/ear protection
- All pressure areas reviewed
- 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

- Discharge Summary
- PEWS sheet for past 24hrs
- Drug Kardex
- Recent laboratory results
- CD of all relevant images
- Numbers for parents/receiving unit/NAC desk
- Accepting unit contacted to confirm time/bed
- 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: _____