IPATS AIR TRANSPORTS
Pre-Departure Checklist

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: 1818211869

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: _____