

Adult, Paediatric & Neonatal Retrieval & Repatriation Services

Urgency and Response Ratings for Inter Hospital Transfers (IHT)

Select **one** from **each** of **PRIORITY** & **CATEGORY** tables for each IHT event

PRIORITY¹

1	Emergency Transfer Immediate response. Fastest mode of transport to achieve shortest mission time required. No avoidable delay acceptable
2	Urgent Transfer Rapid response. Most appropriate mode of transport for urgent retrieval
3	Non-urgent Transfer Acceptable to wait for most appropriate aircraft and team if within 3 hours
4	Scheduled Transfer Acceptable to wait for most appropriate aircraft and team. Should endeavour to complete within daylight hours

CATEGORY²

	Adult/Paediatric	NICU
A	Patients requiring invasive ventilation or other means of advanced life support such as pacing, vasoactive medication or intra-aortic balloon pump. Require both ICU flight nurse & doctor with full continuous monitoring during transfer. CCP transfer may be appropriate after SMO triage.	Critical infant, invasive ventilation and/or multiple infusions. Examples include nitric oxide or congenital heart defect with prostins, extreme prematurity, seizures or apnoeas, potential bowel obstruction, compromised airway in community/ birth centre. Requires NICU Flight nurse & NNP/NNS/doctor team
B	Patients who have undergone an acute incident requiring high dependency/coronary care or specialist treatment, not ventilated or on advanced life support, but at risk of further deterioration. Examples include myocardial infarction, subarachnoid haemorrhage, spinal injury or multi-trauma. Require an ICU flight nurse +/- doctor . CCP transfer may be appropriate after SMO triage.	Serious/stable infant requiring invasive ventilation or CPAP, tracheostomy, central lines, non duct-dependent cardiac lesions, HIE requiring therapeutic cooling, or risk of deterioration to Cat A. Requires NICU Flight nurse & NNP/NNS/doctor team
C	Patients pre or post-treatment or investigation who do not require intensive clinical care during flight. May be accompanied by a flight nurse or an ambulance officer	Stable infant, low level Optiflow, low flow or nil respiratory support, PIV line, retrieval for minor surgery or post cardiac surgery, hypoglycaemic, still requiring hospitalisation & monitoring. Requires NICU Flight nurse
D	Patients whom could have otherwise been transferred by commercial flight or own transport. Accompanied by a flight nurse or ambulance officer only because they are transported with another patient, or en route to retrieve a patient.	Inpatient but ready for discharge, repatriation to base hospital for follow up care, no monitoring usually, post minor surgery, Requires NICU Flight nurse

1: **Priority rating 1-4** guides the response time and aircraft selection for all IHT missions

2: **Category rating A-D** guides the level of clinical support required and appropriate crew selection

A patient may be Category B but require a Priority 1 response, or Category A but require a Priority 4 response

Decisions around tasking must always be made in conjunction with clinical personnel and aeromedical crew.

Priority categories use the standardised wording common to both NZ ambulance services to ensure an optimal response.