# In-House Infant Transport

**Purpose**

To assure proper and safe movement of infants requiring transport within the hospital.

**Audience**

Respiratory Care Services employee's staffing in the pediatric areas with understanding of age specific requirements of patients.

**Policy**

- All infants less than 28 days old and those requiring temperature support from an isolette or radiant warmer must be transported in a specially designed transport isolette.
- All infants receiving mechanical ventilation need to be transported in a transport isolette with ventilation provided by the transport ventilator or manual resuscitation bag.
- All infants less than 34 weeks requiring NCPAP should be transported in a transport isolette with blended air/oxygen to avoid exposure to high concentrations of oxygen.
- A transport cardiac monitor must monitor all infants that have a history of apnea or bradycardia that need to be transported.
- A respiratory therapist must accompany all infants receiving oxygen, mechanical ventilation, or NCPAP and those that require cardiac monitoring.
- The transport isolette must always be stocked with appropriate resuscitation equipment (Resuscitation Box). See attached list.
- No infant will be moved in a transport isolette that is malfunctioning or improperly warmed.
- Blankets should be placed inside the isolette and warmed so that these can be wrapped around the patient to maintain an adequate temperature.
- The transport isolette must be cleaned and restocked including a full cylinder of oxygen (if <1000 psi) after each transport by RCS personnel.
- Document transport on RCS treatment card and medical record per RCS Policies # 7.1.1 and # 7.1.2.

## References

AARC Clinical Practice Guidelines; Transport of the Mechanically Ventilated Patient, Respiratory Care; 1993; 38:1169-1172

Tobias JD, Lynch A, Garrett J. Alterations of end-tidal carbon dioxide during the intrahospital transport of children. Pediatric Emergency Care. 1996; 12:249-51.

American Academy of Pediatrics. Committee on Injury and Poison Prevention. Committee on Fetus and Newborn. Safe transportation of premature and low birth weight infants. Pediatrics. 1996; 97:758-60.

Fallat ME, Hardwick VG. Transport of the injured child. Seminar Pediatric Surgery. 1995; 4:88-92.

Salyer JW. Respiratory care in the transport of critically ill and injured infants and children. Respiratory Care. 1991; 36:720-733.