

<b>UTMB RESPIRATORY CARE SERVICES GUIDELINES - In-House Infant Transport</b>	Policy 7.3.36 Page 1 of 2
<b>In-House Infant Transport</b>  Formulated: 01/80	<b>Effective:</b> 11/01/94 <b>Revised:</b> 10/30/14

## In-House Infant Transport

<b>Purpose</b>	To assure proper and safe movement of infants requiring transport within the hospital.
<b>Audience</b>	Respiratory Care Services employee's staffing in the pediatric areas with understanding of age specific requirements of patients.
<b>Policy</b>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• All infants receiving mechanical ventilation need to be transported in a transport isolette with ventilation provided by the transport ventilator or manual resuscitation bag.</li> <li>• 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.</li> <li>• A transport cardiac monitor must monitor all infants that have a history of apnea or bradycardia that need to be transported.</li> <li>• A respiratory therapist must accompany all infants receiving mechanical ventilation or NCPAP and those that require cardiac monitoring.</li> <li>• The transport isolette must always be stocked with appropriate resuscitation equipment (Resuscitation Box). See attached list.</li> <li>• No infant will be moved in a transport isolette that is malfunctioning or improperly warmed.</li> <li>• Blankets should be placed inside the isolette and warmed so that these can be wrapped around the patient to maintain an adequate temperature.</li> <li>• The transport isolette must be cleaned and restocked including a full cylinder of oxygen (if &lt;1000 psi) after each transport.</li> <li>• Document transport on RCS treatment card and medical record per RCS Policies # 7.1.1 and # 7.1.2.</li> </ul>

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## References

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