

UTMB RESPIRATORY CARE SERVICES GUIDELINES - In-House Infant Transport	Policy 7.3.36 Page 1 of 2
In-House Infant Transport Formulated: 01/80	Effective: 11/01/94 Revised: 04/11/18 Reviewed: 08/15/23

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 be used to monitor all infants.
 - A respiratory therapist must accompany all infants receiving mechanical ventilation or Nasal SiPAP 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.
 - Document transport on RCS treatment card and medical record per RCS Policies # 7.1.1 and # 7.1.2.

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