

UTMB RESPIRATORY CARE SERVICES GUIDELINES - In-House Infant Transport	Policy 7.3.36 Page 1 of 2
In-House Infant Transport <div style="text-align: right;">Formulated: 01/80</div>	Effective: 11/01/94 Revised: 10/30/14

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	<ul style="list-style-type: none"> • 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 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. • Document transport on RCS treatment card and medical record per RCS Policies # 7.1.1 and # 7.1.2.

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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.