

Newborn Critical Care Center (NCCC) Clinical Guidelines

In-Hospital Transport of NCCC Patients

(This policy does not apply to transport to and from the OR)

GENERAL REQUIREMENTS

- RN to obtain emergency resuscitation bag for transport
- Check oxygen and air tanks prior to departure from unit
- Must transport infant requiring temperature support in an incubator or radiant warmer
- Must be monitored continuously on CR (X2) monitor

LEVEL 1: NON-CRITICAL PATIENTS

Characteristics:

1. No airway needs other than oxygen (low flow nasal cannula ≤ 1 LPM)
2. Stable vital signs (no significant apnea requiring intervention for at least 1 week)
3. Not sedated
4. Not requiring hemodynamic support
5. Stable blood glucose (may be receiving TPN continuously during time off unit)
6. Seizures are well controlled

Transport Requirement:

- RN alone may accompany patient

LEVEL 2: MODERATE TO HIGH COMPLEXITY PATIENTS

Characteristics:

1. Requires NC > 1 LPM or has had apnea or bradycardia within the past week that required mask (Neopuff) ventilation. (For patient on CPAP, providers may decide patient is permissible to have short procedure on NC.)
2. Stable vital signs
3. Not requiring hemodynamic support
4. Stable blood glucose (may be receiving TPN)
5. Seizures are well controlled

Transport Requirement:

- Two RNs or RN with RT must accompany patient. NNP/MD must be notified that the patient is going off the unit.
- These questions must be answered by NNP/MD if sedation will be used (if yes to either question, RT **must** accompany and remain w/ patient):

Is there a contraindication to deep sedation?

Has patient had problems while receiving sedation in NCCC?

LEVEL 3: COMPLICATED STABLE PATIENTS

Characteristics:

1. Stable respiratory support with stable airway (ETT or trach) on stable ventilator settings

2. No hemodynamic support required
3. Seizures are controlled

Transport Requirement:

- RN with **RT or NNP or MD required**. *RT is not required to accompany patient and provider must be able to provide airway management*
- If going for MRI and patient requires ventilation, RT, NNP or MD must remain with patient during MRI.
- Patient should have IV access for MRI and all other procedures, IV access needs are determined by case by case basis.

LEVEL 4: COMPLEX PATIENTS WITH POTENTIAL INSTABILITY

Characteristics:

1. Full ventilatory support:
 - a. Ventilator support on high settings
 - b. New Tracheostomy
 - c. Need for neuromuscular blockade
 - d. Acute/Frequent bradycardias and/or desaturations
 - e. Poorly controlled seizure activity
 - f. Recent post-operative patients (CDH, CHD, TEF, gastroschisis, etc.)
 - g. Critical airway
 - h. Stable vasopressor support
2. On vasopressors or prostaglandin for hemodynamic instability
3. Poorly controlled seizures

Transport Requirement:

- RN and RT with **NNP or fellow or attending required**, to be determined by the service.
- For MRI an RN, RT, and NNP or MD must remain with patient during MRI.
- Patient should have IV access.

LEVEL 5: UNSTABLE PATIENTS - Inappropriate for MRI or other elective procedures requiring transport outside of NCCC

(Procedures outside the NCCC for these patients should be delayed until they are more stable)

Characteristics:

1. Cardiovascular instability, particularly requiring continuous vasopressor support for hypotension
2. Uncontrolled dysrhythmias affecting perfusion
3. Rapidly changing ventilator parameters
4. Frequent episodes of desaturation
5. Unstable high frequency ventilated patients who do not tolerate PPV
6. Cardiac arrest within the past 6 hours
7. Metabolic abnormalities requiring constant treatment (hyperkalemia, severe hypoglycemia, or a condition requiring intermittent IV bolus treatment)