

Newborn Critical Care Center (NCCC) Clinical Guidelines

Intra-hospital Transport of NCCC Patients

(This guideline 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 NCCC
- Must transport infants requiring thermoregulation in an incubator or radiant warmer
- Must be monitored continuously on CR (X2) monitor
- Delay transport, where feasible, in infants with arterial access lines

Infants will require a different number and skill level of providers to accompany them off the NCCC depending on their clinical condition as outlined below:

LEVEL 1: NON-CRITICAL PATIENTS

Characteristics:

1. No airway needs other than oxygen (low flow nasal cannula \leq 1 LPM)
2. Stable vital signs (no significant apnea requiring intervention for 72 hours)
3. Not sedated
4. Not requiring hemodynamic support
5. Euglycemic (may be receiving TPN continuously during time off NCCC)
6. No seizure activity in 48 hours

Transport Requirement:

- RN alone may accompany patient

LEVEL 2a: MODERATE COMPLEXITY PATIENTS

Characteristics:

1. Requires NC < 4 LPM and has not had apnea or bradycardia events in past 72 hours requiring positive pressure (Neopuff) ventilation.
2. Stable vital signs
3. Not requiring hemodynamic support
4. Euglycemic (may be receiving TPN continuously during time off NCCC)
5. No seizure activity in 48 hours

Transport Requirement:

- One RN may take infant off the floor alone, after communication with RT (i.e., must ensure setup in MRI is compatible)
- 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 the patient had problems while receiving sedation in NCCC?

LEVEL 2b: HIGH COMPLEXITY PATIENTS

Characteristics:

1. Requires NC \geq 4 LPM or has had apnea or bradycardia within the past 72 hours that required positive pressure (Neopuff) ventilation. (For patients on CPAP, provider may decide patient is permitted to have short procedure on just NC.)
2. Stable vital signs
3. Not requiring hemodynamic support
4. Euglycemic (may be receiving TPN continuously during time off NCCC)
5. No seizure activity in 48 hours

Transport Requirement:

- Two RNs or RN with RT must accompany the patient. NNP/MD must be notified that the patient is going off the unit. If two RNs, communication with RT prior to transport (i.e., must ensure setup in MRI is compatible)
- 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 tracheostomy) on stable ventilator settings
2. No hemodynamic support required
3. No seizure activity in 48 hours

Transport Requirement:

- RN with **RT or NNP or MD required**. *RT should accompany patient for transport, ensure vent set up is acceptable, then may leave; NP or MD can stay with RN off the floor for procedure and provide airway management*
- If going for MRI and patient requires ventilation, RT, NNP or MD must remain with patient during MRI. *RT is expected to initiate and secure MRI ventilator, but is not required to stay for duration of MRI if another provider is present.*
- Consider IV access needs prior to transport on a case-by-case basis for all infants.

LEVEL 4: COMPLEX PATIENTS WITH POTENTIAL INSTABILITY

Characteristics:

1. Ventilator support on high settings
2. New tracheostomy
3. Need for neuromuscular blockade
4. Acute/frequent bradycardias and/or desaturations
5. Recent post-operative patients (CDH, CHD, TEF, gastroschisis, etc.)
6. Critical airway

7. Stable vasopressor support
8. On prostaglandin infusion for right ventricular off-load
9. 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.
- Patients 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 infant stabilizes)

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 events
5. Unstable high frequency ventilated patients who do not tolerate PPV
6. Cardiac arrest within the past 12 hours
7. Metabolic abnormalities requiring constant treatment and fluid manipulations (hyperkalemia, severe hypoglycemia, or a condition requiring intermittent IV bolus treatment).