

Arranging a Transport with Columbus Children's Hospital

Call **1-800-642-6666 (ECC)** or
614-722-5100 (Transport Office)



Newborn Transport

ITEMS NEEDED FROM YOUR HOSPITAL FOR NEWBORN PATIENTS

- Copy of mother's chart
- Copy of baby's chart
- Copy of x-ray and lab reports
- 10 ml mother's blood
- Parents available for written consent

GENERAL (FOR ALL NEWBORNS)

- Maintain thermal environment (usually radiant warmer bed requiring ISC skin temp probe)

VITAL SIGNS

- Temperature
- Blood pressure
- Heart Rate
- O2 sat (pulse oximetry)
- Respiratory rate
- Glucose monitoring
- IV solution D10W (Babies less than 1,000 gms, DSW)

INFANT WITH RESPIRATORY DISTRESS

- Oxygen & ventilation support (i.e. supplemental oxygen, CPAP, ETT)
- Blood gas after pulse oximetry application
- Chest x-ray
- IV access (i.e. peripheral IV, UVC, UAC) & IV fluids
- Blood culture & antibiotics, if indicated
- #8 orogastric tube (CPAP or ETT)

INFANT WITH R/O SEPSIS

- Blood cultures
- Labs (i.e. CBC, differential, platelets)
- Chest x-ray
- IV access (i.e. peripheral IV, UVC, UAC)
- IV Fluids
- Antibiotics

INFANT WITH SURGICAL CONDITION – GENERAL

- Oxygen and ventilation support if appropriate
- IV access (i.e. peripheral IV, UVC, UAC)
- IV Fluids
- Blood culture & antibiotics, if indicated
- Labs (i.e. CBC, differential, platelets, electrolytes, glucose)
- X-ray

INFANT WITH SURGICAL CONDITION – ABDOMINAL WALL DEFECTS

- Large bore OGT (#10 Anderson or #10 FR OGT)
- Bowel bag (place infant in bag up to nipple line – Do not change bag if infant urinates/stools in bag)
- Do not use TOPPER sponges or gauze with cotton filling
- For gastroschisis: 10ml/kg bolus of normal saline

INFANT WITH SURGICAL CONDITION – TEF OR EA

- #10 FR repleg tube or #10 FR OGT with extra holes aspirate OGT every 5-10 minutes

INFANT WITH SURGICAL CONDITION – CONGENITAL DIAPHRAGMATIC HERNIA

- If baby has respiratory distress; intubate patient, then ventilate
- Minimize stimulation to infant
- #10 FR OG

INFANT WITH SURGICAL CONDITION – BOWEL OBSTRUCTIONS

- Large bore, preferably #10 FR, OGT to gravity drainage
- Aspirate OGT every 15 minutes

INFANT WITH SURGICAL CONDITION – NEURAL TUBE DEFECT

- Cover defect with sterile adaptic or Vaseline dressing and dry kerlix only
- Avoid scalp peripheral IV sites
- Position on abdomen or side-lying
- Protect defect from fecal contamination

Pediatric Transport

ITEMS NEEDED FROM YOUR HOSPITAL FOR PEDIATRIC PATIENTS

- Copy of child's chart
- Copy of x-ray and lab reports
- Parents available for written consent
- Re-contact Columbus Children's to discuss ongoing management and whenever patient's condition changes or deteriorates

VITAL SIGNS

- Temperature
- Heart Rate (an apical heart rate should be obtained in all seriously and critically ill/injured infants, children and adolescents)
- Respiratory Rate
- Neuro Assessment
- Pain Assessment
- Oxygen Saturation by pulse oximetry
- Blood pressure and capillary refill

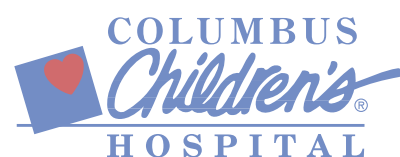
GENERAL CONDITIONS

- Assure age appropriate equipment and supplies are available
- Maintain a stable thermal environment and protect patient from excess heat loss
- Frequently assess airway, breathing, circulation and neurological status
- Initiate appropriate interventions for stabilization and definitive care as indicated. Antibiotic therapy, IV fluids, steroids, blood administration, long acting anticonvulsant, or other interventions may be needed prior to transport
- Confirm endotracheal tube placement with the direct visualization and end-tidal CO2 reading (When time allows, a chest x-ray should be obtained to confirm position of tube)
- After an endotracheal tube is established, maintain 100% oxygen via manual or mechanical ventilation

- Reassess endotracheal tube placement any time the patient is moved or repositioned. Document endotracheal tube depth at time of initial placement and re-evaluate assessments
- In conjunction with appropriate medications, utilize non-pharmacologic interventions to assist with pain management (i.e. developmentally appropriate preparation for the procedure, distraction techniques, comfort measures)
- Evaluate glucose level (serum glucose or bedside glucose test) in all seriously and critically ill or injured infants and children
- Document total intake and output prior to transport
- Document weight used for fluid and medication calculations
 - If weight is estimated, indicate method used (parent report, weight for age chart, or length-based resuscitation tape such as the Broselow™ Pediatric Emergency Tape)
- Utilize the principals of Family Centered Care
 - Recognize the family as the constant in the child's life
 - Promote family participation and involvement
 - Communicate frequently with the patient/family

TRAUMA CONSIDERATIONS (IN ADDITION TO GENERAL CONDITIONS)

- Administer oxygen to all multiple trauma patients with spontaneous respiration's at the highest concentration the child will tolerate (consider non-rebreather mask at 12-15 liters/min)
- Control all external bleeding
- Maintain cervical spine immobilization for transport
- Conduct a neurovascular assessment of all injured extremities pre and post splint application
- Evaluate initial GCS and continue trending.



www.columbuschildrens.com