



**LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES  
HARBOR-UCLA MEDICAL CENTER**

**SUBJECT:** NEONATAL TEAM TRANSFERS FROM REFERRING HOSPITALS      **POLICY NO.** 306A

<b>CATEGORY:</b> Provision of Care	<b>EFFECTIVE DATE:</b> 2/85
<b>POLICY CONTACT:</b> Lynne Smith, MD	<b>UPDATE/REVISION DATE:</b> 7/22
<b>REVIEWED BY COMMITTEE(S):</b> Pediatric Acute and Critical Care Committee	

**PURPOSE:**

To provide a safe and prompt transfer of an infant requiring higher level of care from a referring hospital to Harbor-UCLA Medical Center.

**POLICY:**

The Director of Los Angeles County Department of Health Services has authorized the use of County Transportation Services when it is medically indicated that the Neonatal Transport Team must accompany a neonatal patient being transferred from a referring hospital to Harbor-UCLA Medical Center.

**PROCEDURE:**

1. The Charge Nurse shall arrange for an ambulance (refer to unit-specific guideline) 24 hours a day, and provide the information necessary to effect the transfer. If a County vehicle is not available for emergency situations, the Central Dispatch Office will dispatch a private ambulance for transport.
2. The ability to accept admissions should be assessed at the beginning of each nursing shift and after each Neonatal Intensive Care Unit (NICU) admission. If it appears that the unit is at full capacity, the Nurse Supervisor/Manager and Neonatal Attending should be notified immediately so that arrangements can be made to open up a bed.
3. Upon receiving phone call from the referring facility, and depending on the availability of a neonatal bed, all transports should be accepted immediately by the Neonatal Charge Nurse.
4. An exception will be for the patients that may require surgery. Availability of specific surgeon(s) will be assessed before accepting these patients.
5. Neonatal Charge Nurse will obtain necessary information from the referring facility and complete the transport intake sheet.

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**REVISED:** 8/89, 2/99, 2/05, 9/14, 4/18, 5/18, 7/22

**REVIEWED:** 8/86, 8/89, 10/92, 2/96, 2/99, 2/11, 9/14, 4/18, 7/22

**APPROVED BY:** Anish Mahajan Digitally signed by Anish Mahajan  
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6. Neonatal Charge Nurse will notify resident (neonatal fellow and/or neonatal Attending, if available in Neonatal Intensive Care Unit) about the transport.
7. Resident will immediately notify and discuss the admission with neonatal fellow or neonatal Attending.
8. **NO** transport request will be denied without Neonatal Attending approval.
9. The Neonatology Division Chief must also be notified of any declined transport within 24 hours.
10. Neonatal Attending will designate neonatal transport team members to be utilized for the unstable or potentially unstable infants and stable infants. The composition of the team shall be balanced to provide all required skills.
11. Decisions about which physician transports the patient will be made in accordance with the following guidelines:
  - a. **Neonatal Fellow assisted transport:**
    - Neonates less than 32 weeks gestation.
    - Hemodynamic instability requiring vasopressor medications.
    - Status post cardio-pulmonary resuscitation (CPR).
    - Apgar score of <6 at 5 minutes.
    - Neonates anticipated to have difficult airway for intubation, e.g., Pierre Robin syndrome.
  - b. **Pediatric Resident assisted transport:**
    - All other patients will be transported by the pediatric resident (2<sup>nd</sup> or 3<sup>rd</sup> year) on NICU/Level II nursery service.
  - c. Neonatal Attending may accompany neonatal fellow/pediatric resident on transport if patient is critically ill.
12. Once the transport team arrives at the referring hospital and the referring hospital completes the appropriate hand-off of care, the infant is under the care of the Harbor-UCLA team.
13. A physician (neonatal Attending/neonatal fellow or pediatric resident) will call the referring hospital within 24 hours of transport of the patient and update them on patient's condition. Documentation of such conversation will be made on assigned section of Transport intake form.
14. Request for attendance at an imminent delivery of a newborn at a referring facility will be accepted if the infant is < 34 weeks gestation or is expected to need vigorous resuscitation right after delivery. The referring hospital must have their primary team in the delivery room and be responsible for receiving the newborn before transferring care to the Harbor-UCLA team, which can occur soon after delivery.
15. **TRAINING REQUIREMENTS FOR THE TRANSPORT TEAM**
  - a. Each member of the transport team must have completed minimum training before s/he qualifies to participate in a neonatal transport. All transport personnel are required to have current Neonatal Resuscitation Program certification.
  - b. Respiratory therapist participating in neonatal transport is required to have undergone specific orientation for neonatal transports. Further, s/he must accompany another respiratory therapist on at least two mentored transports before independently going on a transport.



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- c. A registered nurse going on transport must be certified in all competencies for neonatal critical care. Further, s/he must accompany another registered nurse on at least two mentored transports before independently going on a transport.
- d. Interns will complete two supervised transports with a pediatric resident/neonatal fellow during intern year in preparation of being an active member of the transport team as a resident. Interns are not allowed to perform an inter-hospital transport without direct supervision by a resident or neonatal fellow or neonatologist.
- e. Transport team including a physician, Registered Nurse and Respiratory Therapist will have documented qualifications for transport for recertification annually.

Reviewed and approved by:  
Medical Executive Committee on date 7/2022

A handwritten signature in cursive script that reads "Beverley A. Petrie".

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Beverley A. Petrie, M.D.  
President, Professional Staff Association