

***VALLEYCARE***  
**OLIVE VIEW-UCLA MEDICAL CENTER/HEALTH CENTERS**  
**RESPIRATORY CARE SERVICES – NICU**  
**POLICY & PROCEDURE**

**NUMBER: 1958**  
**VERSION: 1**

**SUBJECT/TITLE:** **TRANSPORTING NEONATES TO THE NICU FROM THE LABOR AND DELIVERY ROOMS OR OPERATING SUITES**

**POLICY:** A cooperative team including the respiratory care practitioner, registered nurse and doctor will transport a neonate to the NICU. Depending upon the patient's condition, they may be transported in the absence of the RT and MD.

Equipment:

- Warm transport incubator equipped with air and oxygen cylinders, oxygen blender and anesthesia bag with mask and manometer, if indicated
- Open crib

Safety and Observation Factors:

1. Transport incubator is to be plugged in and warm at all times in an area proximal to Labor and delivery and/or operating suites.
2. Respiratory Care is to make sure that air and oxygen cylinders are full and operating at all times.
3. Bag and mask are to be in working order and checked at the beginning of each shift by Respiratory Care.
4. No infant will be hand carried to the NICU.

**PURPOSE:** To provide a safe and neutral thermal environment during transport for the neonate requiring admission to the NICU.

**DEPARTMENTS:** **RESPIRATORY CARE SERVICES**

**DEFINITIONS:**

**PROCEDURE:**

1. After neonate is stable enough for transport, the transport incubator or crib will be brought into the LDR or OR suite.
2. Reason for the admission to the NICU will be explained to the parents by the physician or nurse.
3. Allow the parents to see and/or touch their infant prior to admission to the NICU.
4. If the neonate is requiring ventilator assistance, adjust the FIO<sub>2</sub> based upon patient needs as dictated by the doctor or NNP (neonatal nurse practitioner).
5. Check the anesthesia bag for adequate inflation before placing the infant in

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**Policy Number: 1958**

**Page Number: 2**

- the transport incubator.
6. Disconnect the infant from the O2 source in the LDR/OR suite and quickly place in the incubator.
  7. Reinstigate positive pressure ventilation if the patient is intubated.
  8. If the patient is not intubated and demonstrates cyanosis or mild respiratory distress, provide blow-by with the anesthesia bag and mask.
  9. Transport the infant to NICU via transport incubator or open crib.
  10. Observe infant at all times while in route to NICU.
  11. Move transport incubator to admission bed.
  12. Disconnect infant from ventilatory assistance and quickly weigh patient.
  13. Place on pre-warmed radiant warmer or in warm incubator.
  14. Remove transport incubator from NICU. (To be cleaned by designated personnel and re-equipped by Respiratory Care).
  15. Document details of the transport.

References:	
Approved by: Edward Richard Lind (Chief of Respiratory Therapy), Richard Findlay (Unassigned)	Date: 04/24/2018
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