TRANSPORTING NEONATES

Transporting small or sick newborn babies always poses the risk of aggravating their clinical condition. It is therefore essential that the transfer of a small or ill baby is done in a manner that will minimize potential harm and ensure arrival at the referral hospital in as optimal a state as possible.

Communication
- Contact referral centre telephonically:
  - initially to ensure acceptance of the patient and to obtain advice on interim management
  - at departure to give time of departure, and estimated time of arrival
- A referral letter with full antenatal, intrapartum and postnatal details must accompany the baby. You can also photocopy the Newborn Care Record to send with the baby.

Stabilization Phase
- Fluid resuscitation:
  - ensure IV access
  - ringers lactate, plasma or blood, whichever is appropriate, in 10 to 20ml/kg boluses, repeated twice to achieve capillary filling time of < 3 seconds and/or adequate blood pressure
- Check for hypoglycaemia, and correct if blood glucose is < 2.5mmol/l
- Ensure adequate airway and oxygen saturation
- Ensure adequate warmth
- Insert nasogastric tube with open drainage to decompress the bowel

Continue stabilisation measures and monitoring right up to the time of handover to the paramedical staff.
There IS NO POINT in stabilising a patient, arranging transfer and then allowing the baby to deteriorate through neglect, while waiting for the transport team to arrive.

Transportation Phase
- Ensure stabilization phase is complete and baby stable

DO NOT TRANSPORT AN UNSTABLE BABY

- Ensure adequate and appropriate personnel, equipment and supply of consumables (drugs, fluids, oxygen, etc) for the trip
- Maintain warmth by transporting in a transport incubator, or with kangaroo mother care if stable enough
- Monitoring:
  - monitor pulse and oxygen saturation of all ill neonates. Aim for oxygen saturation of 88-93%
  - monitor capillary refill time and blood glucose (especially for trips > 1hour)
  - if feasible, also monitor blood pressure and aim for a mean arterial pressure of 35mmHg

FOR ALL TRANSFERS USE THE “MONITORING SHEET FOR NEONATAL TRANSFERS” (Form Paed/31)