

## NICU-OR Patient Transport Process

\*All infants transported to and from the OR will be transported in servo-control mode to ensure temperature stability. All members of the PeriOp Team will be competent in facilitating this prior to transporting a neonate

### PREOP:

For children who have a known admitting diagnosis where surgery in the early newborn period is anticipated, the NICU will make an effort to admit these infants into an ATOM radiant warmer if acceptable by virtue of gestational age and birth weight (typically >35 weeks GA) and bed is available from PEMS.

Non-intubated infants in a Giraffe may be transferred to an ATOM bed pre-operatively, subject to availability from PEMS and will be transported to the OR by anesthesia.

For intubated infants in a Giraffe bed, the anesthesia team will facilitate transfer to an ATOM bed upon pick up from the NICU. The ATOM bed will be requested in advance by the NICU bedside RN or team leader.

Infants weighing <1.5kg should already be in a Giraffe and will remain in their existing bed for transport to the OR. In this instance, the following process will apply:

- a. The OR will provide the usual "heads up" phone call to the NICU front desk. This will alert the necessary team members to prepare for transport and assemble supplies such as airway equipment and medications.
- b. The fellow will then assign a provider (fellow, NP, hospitalist, or RNTS) to go to the OR and help transport the baby, along with the bedside RN and an RT (NICU-based or transport).
- c. The attending anesthesiologist will call the NICU fellow phone (650-721-9686) when the baby is 10 minutes out from being ready for transport from the NICU to the OR. This will minimize time the NICU providers will be off unit. The fellow will then alert the assigned transport team to mobilize to the OR.
- d. Anesthesia team will meet the NICU transport team in the appropriate OR room.

For all other infants transported on an ATOM bed: Anesthesia & PeriOp Team will be responsible for transporting infant to the OR and maintaining the bed in servo-control mode to ensure temperature stability.

Certain cases of term infants with no respiratory or cardiac compromise (e.g. pyloric stenosis) will continue the current process of being transported to PreOp by the NICU RN for surgery.

### INTRAOP:

1. For infants transported on an ATOM bed: OR personnel will be responsible for maintaining the bed in servo-control mode when stored outside the OR.

2. For infants transported using a Giraffe/shuttle with a plan to return in the same bed: the NICU RN assisting with the transport will ensure that the shuttle remains plugged in, tanks are turned off to preserve gas supply, and bed remains 'on' in servo-control mode.
3. For infants changing from a Giraffe to an ATOM bed post-op (i.e. NICU to CVICU but meeting criteria for Giraffe in NICU): the NICU RN will return the Giraffe/shuttle to the NICU. OR personnel will be responsible for obtaining an appropriately-equipped ATOM bed for return transport and ensuring the bed is in servo-control mode and warm for post-op transport.

### **POSTOP:**

1. Infants greater than 1.5kg may be transported back from the OR by anesthesia using an ATOM bed in servo-mode to ensure temperature stability. If the NICU team requests that the infant be placed in a GE bed upon return to the NICU, this bed will be in place and the anesthesia team will lead a safe transfer to the GE bed.
2. Infants less than 1.5kg returning to the NICU should be transported in a Giraffe with the assistance of the NICU team and the following process will apply:
  - a. The OR will provide the usual "heads up" phone call to the NICU front desk.
  - b. This will alert the necessary team members to prepare for return.
  - c. The NICU RN and NICU RT will come to the OR room to escort the infant in the GE bed to the NICU accompanied by the anesthesiology team.
  - d. Irrespective of transport team, complete handoff at the infant's bedside will take place in the NICU with members from NICU, anesthesia and surgery.
3. An axillary temperature should be taken as soon as possible upon return to the NICU and verbally reported during the iPass handoff with Anesthesia as being hyperthermic, normothermic, cold stress, or hypothermic. An iCare shall be submitted by the NICU team for any infant returning to the NICU with cold stress or hypothermia (any temp <36.5C)

### **Definitions:**

- GE bed, Giraffe: dual radiant warmer/isolette bed that utilizes a shuttle for transport
- ATOM: open radiant warmer that does not use a shuttle
- Hypothermia: temp <36.0C
- Cold stress: temp 36.0-36.4C
- Hyperthermia: temp >37.5C

### **Pre-defined balancing measures to this process will include:**

- Unplanned extubation upon transfer between Giraffe and ATOM bed
- Post-op hypothermia or cold stress (defined as <36.5C)