



1-800-743-1334

Neonatal Patient(s) - 0–1 month or < 5 kg Preflight Preparation for AMT

AIRWAY

- Maintain Clear Airway (may require oral suctioning, do not exceed 80-100 mmHg)

Provide **ventilation** and **oxygenation** if the baby:

- a. requires > 40% oxygen and PaO₂ remains < 60 mmHg
- b. PaCO₂ > 55 – 65 mmHg with a pH < 7.20
- c. Is apenic or has poor respiratory effort

Guidelines for Determining ETT Size

> 2000 grams = 3.5 ETT

1000 – 2000 grams = 3.0 ETT

< 1000 grams = 2.5 ETT

6 + patient's weight in Kg = **lip to tip measurement** of ETT (i.e. 1.5 kg baby would require a #3.0 ETT secured 7.5 cm at the lip)

Chest x-ray post intubation

BREATHING

- Provide supplemental oxygen to maintain oxygen saturation \geq 85%
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CIRCULATION

- Monitor **heart rate** and **rhythm**
- Perform **upper** and **lower limb blood pressures** (to assess for congenital heart defects)
- Secure **two IV sites** either peripheral, scalp, or umbilical if time permits and qualified personnel available. (Place small extension tubing on peripheral IVs for easier access when changing over lines)
- Monitor **pre ductal** (right hand) and **post ductal** (any other limb) oxygen saturation if indicated. (i.e. query congenital heart, meconium aspiration, asphyxia or any infant with poor response to oxygen) **Important for assessing blood flow and determining pulmonary hypertension.**
- **Fluid management** – D10W @ 60 cc/kg/day (baby's weight x 60/24 = hourly rate, i.e. a 3 kg baby would receive 7.5 cc/hr)
- **Volume depletion** -
10 – 20 ml/kg of normal saline
- Maintain **body temperature** between **36.5 – 37.5** degrees Celsius by placing baby in incubator, on an over bed warmer, or covering with warm blankets
- Maintain **blood glucose** or chemstrip ≥ 2 mmol/L. A bolus of 2-4 mls/kg of D10W is required for glucose < 2mmol/L followed by an IV infusion of D10W
- **Urine Output** – should be ≥ 1 cc/kg/hr after 24 hrs of age

Procedures To Consider Or Discuss With The Medical Control Physician

- **Pneumothoraces** – Place chest tube prior to flight with any evidence of intrathoracic air on chest x-ray
- **Blood cultures and antibiotics** – the usual dose for Ampicillin is 50 mg/kg and for Gentamycin is 2.5 mg/kg
- **Blood work** – recent blood gas (arterial or capillary), CBC and differential, glucose and electrolytes
- Recent **x-rays** – chest and/or abdomen
- **NPO** – the baby should be kept NPO for transport. A nasogastric or orogastric tube will be placed in all intubated infants
- **Foley catheter** – consider in all paralyzed and sedated infants

The Transport Team Will Require The Following Prior To Leaving

- Clotted sample of mother's blood
- Sample of cord blood
- A brief transfer note from the attending MD (if possible)
- Copy of patient's chart including the delivery record, maternal history, blood work, x-rays, etc.

Note: A parent or family member may request to accompany the child during transport. Many factors influence this decision such as; weight restrictions, number of medical crew, weather conditions, and safety. Please discuss this issue or any other concerns with the Air Medical Crew.