



Preparation for Transport: Vital signs, Tests and The Chart



After the initial stabilization, it is very important to continue monitoring vital signs as well as other tests so that you can respond to changes in the infant's status while awaiting transport. As a general rule, vital signs including temperature, respiratory rate, heart rate and blood pressure should be monitored every 30 minutes. Blood sugar should also be checked every 30 minutes. For infants requiring oxygen, blood gases should be monitored. An infant requiring considerable and/or changing respiratory support, blood gases should be monitored at least every 30 minutes to an hour or after a change in support has been made. Other tests that should be done include an x-ray, blood culture, hematocrit and a CBC, as well as any other tests that are indicated by the infant's condition. Not only is it important to continuously assess and evaluate the infant but responding to any changes is equally as important.

After the infant is stabilized, an IV should be established for delivery of fluids as well as medications. It may be a peripheral IV, an umbilical arterial catheter (UAC) and or an umbilical venous catheter (UVC). Position of central lines need to be verified by x-ray. Fluids should never be infused through the UVC until it is determined that it is not in the liver.

Before calling to arrange for transport, gather as much of the following information that is available:

- Maternal history including pregnancy history, complications and risk factors.
- Birth history including gestational age, Apgars, weight and delivery room condition.
- Infant's present status including vital signs, respiratory status (oxygen requirement and respiratory support (hood, NCPAP or ventilator) and any unusual physical conditions.
- Lab data including blood gas, blood sugar, hematocrit and x-ray results

As more information is available, as the infant's status changes or if you have questions, please call the physician at the receiving hospital as often as necessary.

While awaiting transport, there are several things that need to be done:

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The WebPage has been very well received. Thanks to all who have taken the time to send us feed-back, we appreciate it.

Something else New (...and I'm really, really excited about this!). In late August we activated the computerized contact hour certificates. No more waiting for me to send your certificate in the mail or worry that its lost or that Hurricane Charley, Francis, Ivan, etc. has blown it away or it's lost in the mail room's "black hole." We hope this has been helpful and convenient for all.

When you successfully complete an offering, it will direct you to print out your certificate...You must print out your certificate then, you can not go back at a later date and print it out. There is a down side to this newest change, I can no longer handle paper copies of the tests or issue hard copies of the certificates. I do apologize for that change—it was a trade off and I elected to go with the computerized certificates. I'm sorry if this prevents anyone from participating.

Congratulations to the following facilities and perinatal staffs for successful completion of educational offerings:

Bladen County Hospital, Elizabethtown, NC
Caldwell Memorial Hospital, Lenoir, NC
Cape Fear Valley Medical Center, Fayetteville, NC
Carillon Medical Center, Virginia
Carteret General Hospital, Morehead City, NC
Catawba Valley Medical Center, Hickory, NC

Chowan Hospital, Edenton, NC
Columbus County Hospital, Whiteville, NC
Columbus Regional Medical Center, Alabama
Durham Regional Hospital, Durham, NC
First Health, Moore Regional Hospital, Pinehurst, NC
Gaston Memorial Hospital, Gastonia, NC
Grace Hospital, Morganton, NC
Henderson County PHD, Hendersonville, NC
Henry Medical Center, Georgia
High Point Regional Health System, High Point, NC
Lexington Medical Center, Lexington, SC
Lexington Memorial Hospital, Lexington, NC
Medical Center of Aurora, Aurora, CO
Morristown Memorial Hospital, Morristown, NJ
Mountainside Medical Center, Georgia
Murphy Medical Center, Murphy, NC
McLeod Health System, Florence, NC
Nash General Hospital, Rocky Mount, NC
Northeast Medical Center, Concord, NC
Northside Hospital, Atlanta, GA
Onslow Memorial Hospital, Jacksonville, NC
Orange County, PHD, Hillsboro, NC
Randolph County PHD, Asheboro, NC
Randolph Hospital, Asheboro, NC

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Sampson Regional Hospital, Clinton, NC
Scotland Memorial Hospital, Laurinburg, NC
Southeastern Regional Medical Center, Lumberton, NC
Southern Regional Medical Center, Riverdale, GA
The Medical Center, Alabama
University Hospital of Eastern NC, Greenville, NC
Womack Army Medical Center, Ft. Bragg, NC

CONGRATULATIONS!!!!!!

To Everyone
& Thank You



Obstetrical Emergencies 3.3 contact hours

First completed on 6/13/04 by an RN on staff at Northside Hospital in Atlanta, GA

Newborn Screening Tests 5.0 contact hours

First completed on 8/27 by an RN on staff at Chowan Hospital in Edenton, NC



What's New on the WebPage???

Respiratory Distress Syndrome

In production. Due winter 2004-05

Physiologic/Hemodynamic Changes in Pregnancy

In early production. Due Spring/summer, 2005



Upcoming Educational Offering

Breastfeeding: The How's and Why's of Providing Breastfeeding Help to Families

Friday, 10/29/04 9:00 am-4:15 pm

Coastal AHEC Cost: \$40

Wilmington, NC 910.343.0161 ext: 325

The Fall Update 2004 Conference was held Friday, Oct. 8, 2004 at the Holiday Inn-Bordeaux in Fayetteville, NC. From all the very kind and generous comments received, a good time was had by all!! It was good to see some familiar faces and fantastic to meet and get to know new faces. The food was great, the speakers superb and the educational opportunity excellent. So, make a note: Fall Update 2005 will be here before you know it. Believe it or not it is already "in production." Watch this newsletter for more information. If you have attended in the past, you are already on the mailing list; if you've not attended in the past, and would like to be, please email me at:

acashwell@capefearvalley.com



(Continued from page 1) **Preparation for Transport**

- Obtain a consent to transfer the infant to the receiving hospital.
- Copy the infant's complete chart.
- Copy the mother's prenatal history, labor and delivery records and any other important maternal records.
- Copy all of the infant's x-rays.
- Keep the parents informed of the infant's status and of the transport arrangements.
- Continue to provide emotional and supportive care to the parents.

...Joan Lucas, RNC, NNP

