

Table 1: Patient Transport Recommendations

Criteria	Mode of transport	Personnel	Equipment & monitoring	Other considerations
1. Physiologically unstable or ventilated patient				
Infants, children and young people who require transport for: <ul style="list-style-type: none"> • Paediatric Intensive Care (PICU) • Neonatal Intensive Care (NICU) • Tertiary specialist care and are physiologically unstable or have significant potential to become so • An emergency specialty procedure 	<ul style="list-style-type: none"> • Designated transport aircraft OR Commercial aircraft (overseas patient only) WITH Airport transfers by ambulance OR • Road Ambulance 	Designated intensive care transport team <ul style="list-style-type: none"> • PICU • NICU • Local ICU transport team 	<ul style="list-style-type: none"> • Designated age and size appropriate intensive care transport equipment • Age and size appropriate restraint. • Continuous physiological monitoring and minimum of 15 minute observations For non- PICU or non-NICU teams, consider using a Paediatric Early Warning Score (PEWS) chart	Transport arrangements should allow for an accompanying parent/ caregiver wherever possible to reduce the child's anxiety and enable on-going advocacy and communication Further information: PICU Retrieval Service Newborn Transport Service

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2. Physiologically stable but at significant risk of deterioration (NB: Oxygen therapy <u>alone</u> does not imply risk of deterioration)				
<p>Infants, children and young people who do not meet <i>Criteria 1</i> but their clinical status:</p> <ul style="list-style-type: none"> • places them at significant risk of deterioration • may be compromised by flying in an aircraft • may be compromised by undertaking a prolonged journey <p>Examples include infants and children with:</p> <ul style="list-style-type: none"> • shunt dependent cardiac anatomy • cardiac ejection fraction less than 25% • Severe pulmonary hypertension • Empyema and chest drains • Significantly abnormal blood disturbances • Are being transported for imminent end of life care. • Ingestion/aspiration of foreign body with potential for corrosive harm (e.g., button battery) • Some neonates with cardiac conditions 	<ul style="list-style-type: none"> • Designated transport aircraft WITH Airport transfers by ambulance OR • Road Ambulance 	<p>Personnel with appropriate level of neonatal OR paediatric AND transport knowledge, experience and skill</p> <p>(e.g. Skyline Aviation paediatric staff may be available for non-intensive care flight transports)</p>	<ul style="list-style-type: none"> • Age and size appropriate advanced life support equipment • Age and size appropriate restraint: <p>Infant (< 3kg):</p> <ul style="list-style-type: none"> • Designated transport incubator. <p>Infant (3-6kg):</p> <ul style="list-style-type: none"> • Consider transport incubator if clinical need to observe infant closely or naked. • Ambulance stretcher with Neomate restraint <p>Infant and child (5-18kg):</p> <ul style="list-style-type: none"> • Ambulance stretcher with Pedimate restraint <p>Child (> 18kg):</p> <ul style="list-style-type: none"> • Ambulance stretcher with standard restraint <p>NB: You must request a Pedimate when booking the ambulance OR arrange for loan of Neomate or Pedimate from transit nursing service</p> <ul style="list-style-type: none"> • PEWS score recorded prior to transport, as indicated by score and on arrival • Minimum of 30 – 60 min observations as clinically indicated • Consider the need for continuous monitoring 	<p>Transport arrangements should allow for an accompanying parent/caregiver wherever possible to reduce the child’s anxiety and enable on-going advocacy and communication</p> <p>Physiologically stable patients on oxygen meet level 3 criteria. Oxygen needs to be organized well ahead of time for a commercial flight.</p> <p>See photographs of restraint options.</p> <p>Download the Starship Transport Equipment Loan Record</p>

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3. Physiologically stable (including patients who are receiving oxygen therapy)				
<p>Infants, children or young people who do not meet <i>Criteria 1 or 2 and are:</i></p> <p>a. Physiologically stable but <u>require transport assistance</u> due to:</p> <ul style="list-style-type: none"> • Nursing intervention or surveillance during the transport • Increased safety needs • Special equipment • Parent/caregiver requires support or supervision in transit <p>Examples include:</p> <ul style="list-style-type: none"> • Staff member is required for unaccompanied child (< 16 years of age) • Staff member is required for any child at risk of harm to self or others • Child has mobility issues that parents/caregivers cannot manage without assistance <p>b. Physiologically stable but <u>require designated mode of transport</u></p> <ul style="list-style-type: none"> • Child has special needs and does not have access to specialist vehicle • Wheelchair or special restraining devices • Casts or splints that preclude use of car safety restraints • Neonates with cardiac conditions should have a commercial flight where the road transport is unduly long 	<ul style="list-style-type: none"> • Commercial aircraft <p>WITH</p> <p>airport transfers by ambulance or taxi</p> <p>OR</p> <ul style="list-style-type: none"> • Road ambulance <p>OR</p> <ul style="list-style-type: none"> • Taxi <p>OR</p> <ul style="list-style-type: none"> • Travelling by own transport (not applicable if staff member accompanying person) 	<ul style="list-style-type: none"> • Personnel with appropriate knowledge and skill • Parent / Caregiver • Consider non health professional family support person where parent/caregiver needs assistance <p>Where parents / caregivers are the sole accompanying adults ensure they understand what to do in the event of an emergency.</p>	<ul style="list-style-type: none"> • Age and size appropriate restraints <p>Refer to Section 8 Standard for safe restraint during transport</p> <ul style="list-style-type: none"> • Any equipment to meet special needs during transport. • As a minimum PEWS should be recorded prior to transport and on arrival if arriving at a healthcare facility. • Where accompanied by a registered nurse and the probable duration of transport is greater than 2 hours, the nurse is expected to have the ability to do a full range of vital signs. 	<ul style="list-style-type: none"> • Post- surgery and where special equipment is required during commercial aircraft transport ensure the AIR NZ MEDA form is completed; <p>AIR NZ MEDA form</p> <ul style="list-style-type: none"> • For more information on Air NZ assessment of fitness to fly see; <p>Medical Guidelines for Doctors</p> <ul style="list-style-type: none"> • Physiologically stable patients on oxygen meet level 3 criteria. Oxygen needs to be organized well ahead of time for a commercial flight • Where a family elects to drive on a long journey (rather than fly), if this is considered a clinical risk, the consultant must endorse the journey. • Provide appropriate health promotion information on legal and safe use of child restraint to the family