

## **TRANSPORT TEAM COMPOSITION**

The following guidelines are to assist rapid deployment of the team 'out the door'. It is anticipated that the following will apply in most situations. Some specific patient situations may require individual evaluation and decision-making regarding appropriate category of risk for purposes of team composition. The supervising TLC neonatologist will be ultimately responsible for deciding whether a transport should be deemed as 'high-risk' or 'low-risk'.

### **High Risk Team Composition**

TCH Transport NNP

TCH Transport Nurse (RN)

TCH Respiratory Care Specialist

Baylor Neonatologist or fellow (as needed per discussion with the TLC attending)

### **Sample Categories of High Risk Transports**

Preterm infants < 28 weeks or < 1000 grams

Multiple gestation (may require additional teams)

Ventilated infants requiring FiO<sub>2</sub> > 60%

Potential ECMO candidates

Infants with PPHN in whom inhaled nitric oxide has been started or considered

Infants with air block syndromes (pneumothoraces, pneumopericardium, etc)

Hypotensive infants requiring dopamine > 10 mcg/kg/minute, or epinephrine or vasopressin

Infants with unstable cardiac disease - arrhythmias or cyanotic disease with O<sub>2</sub> saturations < 70%,  
or needing pGE infusion

Infants with uncontrolled coagulopathy or bleeding diatheses

Infants with uncontrolled encephalopathy or seizure disorders

Any patient /setting in which the Transport RN suspects need for the High Risk Team

### **Low Risk Team Composition**

TCH Transport RN

TCH Respiratory Care Specialist

### **Sample Categories of Low Risk Transports**

Infants to be admitted to the Level 2 NICU

Stable preterm infants  $\geq$  28 weeks

Infants stable on NCPAP

IDM without other high-risk criteria

Trisomy 21

Meningomyelocele

"Simple" cardiac anomalies (ASD, VSD)

\* TLC = "Transport, Labor & Delivery and Consult"

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