

Catawba County Emergency Medical Services

Neonatal Procedures

- Neonatal Transport Response
 - The Communications Center will notify the on-duty Shift Supervisor of all Neonatal Transport requests.
 - The on-duty Shift Supervisor will have the appropriate unit dispatched based on the time and day of the request using the following standards:
 - 350 is first out for both units Monday – Friday from 0900 – 1700
 - 3-Medic-5 is first out for both units when 350 is unavailable or off-duty
 - 3-Medic-1 / 3-Medic-11 is next out for FRMC
 - 3-Medic-2 is next out for CVMC
 - The responding crew (or logistics technician) will move the neonatal truck near or under the ambulance entrance if possible, taking care not to cause exhaust to enter the emergency department. The ambulance should then be readied for transport by lowering the lift in position to load the isolette(s). Heat or air conditioning should be adjusted based on the weather conditions. When the Neonatal unit is ready to load, the driver should contact the neonatal team by calling the NICU extension from inside the emergency department and advise them the unit is ready for transport.
 - The crew should wait for the neonatal team at the emergency department entrance. Assist in loading the isolette(s) into the unit along with any equipment. The team leader will give you the destination and any other instructions on how to respond. At the destination you will assist the team in unloading the equipment. You will not be involved in patient care, but you may accompany the team and assist if asked. When the team is ready to leave, you will again assist them in loading the patient and equipment, then drive back to the receiving facility.
 - On completion of the call you will fuel, wash, and replace used equipment. This should be done at Hickory Base.
 - Return the unit to the hospital and make sure that all shorelines are plugged up and the unit batteries are off. In the winter months make sure that the portable electric heater is plugged up and running (Unit 403 only).
- Communications
 - In addition to the communications described above you must also communicate with CMED as with any other call. The call sign for FRMC's neonatal unit is "3-Medic-51" and CVMC's is "3-Medic-50". Check enroute, on scene, etc. in the usual fashion.

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➤ Neonatal Ambulance Information

1. Unit 403 and Unit 415 are the primary neonatal ambulances. Unit 412 is the back-up unit for both hospitals. When the units are returned to their designated parking spots both shore line plugs should be plugged in to their respective receptacles. Be sure to disconnect these lines prior to moving the unit. **IT IS ESSENTIAL TO PLUG THESE LINES BACK UP WHEN YOU RETURN THE UNIT!**
2. The remote control for Unit 403 is located in the rear compartment door on the driver's side.
3. The remote control for Units 412 and 415 are located in the patient area in the bottom rear compartment.
4. To lower the lift, using the remote control slightly raise the lift enough to allow it to be pulled easily out of its carriage. Push in the top of the release handle mounted to the box, located over the left side of the lift, while pulling outward on the lift until fully extended. The lift is hinged and should be opened to full length to check that there is sufficient clearance to properly operate the lift. With proper clearance, lower the lift using the remote. The lift is passive when lowering and is not forced down by the pump. Raise the front stop gate into the up position prior to loading. The stop gate at the front and rear of the lift will be locked in the up position prior to raising the lift to prevent equipment or isolette from rolling off the lift while being raised. With someone stabilizing the isolette, raise the lift until it is level with the floor of the unit and lower the front stop gate onto the floor. A neonatal team member should enter the side door of the patient compartment to receive the isolette and guide it into the stretcher mounts. At no time should anyone ride the lift up or down. The lift operator is responsible for making sure everyone is clear of the lift before lowering or raising the lift.
5. To store the lift, raise or lower the lift until it is level with the receiver, push in slowly until it locks into place. After it is locked into position, it can be lowered until it rests on the side supports of the receiver.
6. If the lift fails to rise or lower, a manual pump is located in the rear compartment (driver side) on Unit 403 and in the rear compartment (passenger side) on Units 412 and 415. The pump will lower the lift by turning the valve, located at the bottom of the pump, counter-clockwise, using the pump handle end to turn the valve. To raise the lift the valve is turned clockwise until tightened, then place the pump handle in its slot and the lift should rise as the pump is operated. This may be significantly slower, but will operate the lift.

➤ Unit Check off

1. Each week the Logistic Technician must obtain a neonatal unit check-off sheet and check these units out thoroughly. Any missing equipment, discrepancies, or mechanical/electrical problems must be reported to the on-duty Shift Supervisor **IMMEDIATELY!**

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➤ Documentation

- A patient care report must be completed for each neonatal transfer. The Neonatal Team members must sign the Signature Sheet as attendants.
- Times for Neonatal transfers should be entered as follows:
 - Received – As normal
 - Dispatched – As normal
 - Enroute – As normal
 - On Scene – When the neonatal unit is available for transport at the ED
- The time that the neonatal unit leaves the receiving facility enroute to the transferring facility should be documented in the narrative, as should the time that the neonatal unit arrives at the transferring facility.
 - Left Scene – Departs transferring facility
 - Destination – Arrival at receiving facility
 - Available – As normal