

Transport Dispatch

WINTER 2007

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In This Issue...

Pediatric Terrorism and Disaster Preparedness Resource	2	2006 Transport Course Syllabus Order Form	5
2006 NCE SOTM Awards	3	Transport Medicine International—Hungary	6
2006 Transport Course Overview	4	Policy Statements & Upcoming Courses	7
2007 NCE Scientific Program Summary	4	Pediatric Transport Database	8
		SOTM Adds an Affiliate Subcommittee	8

Chairperson's Corner

Robert M Insoft, MD, Chairman, Section on Transport Medicine
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American Academy of Pediatrics 
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It is my pleasure to update you on the status of the Section on Transport Medicine (SOTM). Again, I would like to welcome the new members to the Section. We now total over 260 including an increasing number of affiliate members who represent nursing, respiratory care, physician assistants, and EMT/paramedic transport professionals.

I am honored to commence my second term as Chairperson. I wish to thank outgoing Executive Committee (EC) member Monica Kleinman (Boston) for her outstanding service and dedication over the past six years. I also would like to welcome our newest EC member, Dr. Michele Moss (Little Rock, PICU), who served as the Section on Critical Care Chairperson before joining the SOTM EC. We have a very dedicated, hard-working EC, including Drs. Bruce Klein (DC, Pediatric ER), Calvin Lowe (Los Angeles, Pediatric ER), Sherrie Hautt (St. Louis, NICU), Tom Brazelton (Madison, WI, PICU) and Michael Trautman (Indianapolis, NICU). Also special thanks to our superb Manager, Niccole Alexander, and her entire staff who work to ensure that only the highest quality policies, educational programs, and publications are produced by the SOTM. I encourage Section members to become more actively involved in SOTM by running for the EC or becoming involved in the various activities and events. Please feel free to contact me for details.

It was wonderful to see so many of you at SOTM's biannual Course on Neonatal and Pediatric Critical Care Transport Medicine during the Academy's National Conference & Exhibition in

October in Atlanta. Dr. Tony Pearson-Shaver, Dr. Sherrie Hautt, and affiliate member Janice Romito served as chairs. The 2006 Course was a sell-out with over 180 attendees participating in three days of research presentations, breakout sessions, and panel discussions. The scientific program, which opened the Course, included the awarding of the C. Robert Chambliss, MD Best Paper Award and the Best-in-Training Award (see page 3 for background on the recipients).

In regard to Section finances, I am happy to report that we have a solid reserve fund. The fund is used to support SOTM's education and research mission. We continuously work with the AAP education staff to provide members with the highest quality programs as well as the most relevant, cutting edge materials and resources.

The next SOTM scientific program will be held in conjunction with the 2007 NCE on Sunday, October 28, in San Francisco. The Planning Committee has already started organizing the 2008 Course so save the date - October 12-14 in Boston. More information will follow in upcoming issues of the *Dispatch*. Spread the word!

The much anticipated 3rd edition of the *Guidelines for Air and Ground Transport of Neonatal and Pediatric Patients* is now available for purchase. This book continues to serve as one of the foremost neonatal and pediatric transport references with over 32 chapters and appendices written by

Continued on p. 2

If you couldn't attend the 2006 NCE, you can visit us online at <http://www.aap.org/nce/> for conference details and see and hear what you missed... the many wonderful educational and networking experiences!



Mark your calendar for future AAP National Conference & Exhibitions.

Oct. 27-30, 2007 in San Francisco, CA
 Oct. 11-14, 2008 in Boston, MA
 Oct. 17-20, 2009 in Washington, DC
 Oct. 2-5, 2010 in San Francisco, CA

Chairperson's Corner *Continued from p. 1*

over 20 authors and representing all aspects of transport. Topics will include not only standard material such as program administration, equipment, safety, and team training, but also new chapters on clinical research, legal issues, database development, and reimbursement.

During the last meeting, the SOTM EC agreed to establish the Section Affiliate Subcommittee. Janice Romito (Corpus Christie) will serve as the first Chairperson and Affiliate Liaison to the EC. The Subcommittee will be responsible for overseeing the educational and professional needs of the affiliate membership. In addition, the Section established a formal relationship with the National Association of Neonatal Nurses (NANN). Dr. Webra Price-Douglas (Baltimore) will serve as NANN's liaison to SOTM with Dr. Michael Trautman in the reciprocal role (Section liaison to NANN). We are hoping with this new arrangement, the Section and NANN will begin to build on many of the common transport issues that concern both organizations. The EC would also like to establish similar connections with pediatric transport organizations. If you have suggestions, please let me know.

Remember to post comments and pose questions to the SOTM LISTSERV® – an e-mail list with the address transmedaap@listserv.aap.org. Please see page 8 for information on how to join. You can also use the LISTSERV® to discuss fascinating cases or published literature.

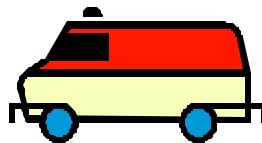
As always, I would like to thank Dr. Michael Anderson (Cleveland) for serving as the Editor of the *Transport Dispatch*. The success of the *Dispatch* is essential in ensuring that our Section members know about past, present, and future activities in a timely manner. Please email Dr. Anderson (michael.anderson@case.edu) if you have ideas for future articles.

Finally, I would like to thank Niccole Alexander, her very supportive Academy staff, and each member for your continued support. I am truly honored to serve as Chairperson. Please forward me your ideas, suggestions, and, as always, criticisms.

Have a great year!

Robert M. Insoft, M.D.

Robert M. Insoft, MD, FAAP
Chairman, Section on Transport Medicine
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Pediatric Terrorism and Disaster Preparedness Resource

The American Academy of Pediatrics in partnership with the Health and Human Services' Agency for Healthcare Research and Quality (AHRQ), recently released "Pediatric Terrorism and Disaster Preparedness: A Resource for Pediatricians."

The resource is intended to increase awareness about the unique needs of children and encourage collaboration among pediatricians, state and local emergency response planners, and others involved in planning and response efforts for natural disasters and terrorism incidents. Individual chapters provide detailed information on natural, biological, chemical, radiological, nuclear, and blast events.

Children's emotional and mental health needs are also described, including the treatment of post-traumatic stress disorder, depression, and behavioral problems that often result from these incidents.

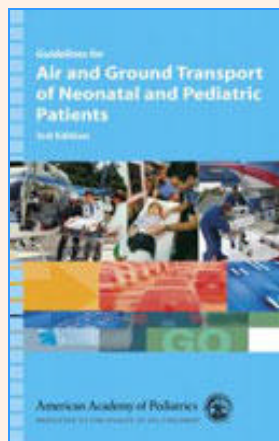
More information and free downloads are available at the AAP Children and Disaster web site -

<http://www.aap.org/terrorism> under "What's New."

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&DID=15&Product_ID=4264](http://www.aap.org/bst/showdetl.cfm?&DID=15&Product_ID=4264)

Or call 1-866/843-2271.

AAP 2006 NCE
Section on Transport Medicine



Educational Program
Abstract Award Winners

SOTM provides an annual forum for the discussion of clinical matters or research related to the field of pediatric transport medicine. Abstracts and posters are presented during the SOTM educational and scientific program at the AAP's National Conference & Exhibition (NCE).

Congratulations to the 2006 winners!!

C ROBERT CHAMBLISS MD BEST PAPER AWARD - Recognizes the best abstract or poster presentation given during the SOTM education program by a non-student or non-resident transport professional.

TO INTUBATE, OR NOT TO INTUBATE? TRANSPORTING INFANTS ON PGE1.
Garth David Meckler, MD, MSHS, presenter

The presenter received a certificate and a \$500 honorarium.

Purpose: In 1981 the FDA approved prostaglandin E1 (PGE1) for use in neonates with congenital heart defects (CHD). Though effective in stabilizing infants with ductal-dependent CHD prior to transport to tertiary centers for definitive care, PGE1 is associated with serious side effects including apnea. Little is known about the potential for complications during the transport of infants on PGE1 and no standard for the pre-transport preparation of such infants exists. Specifically, it is unclear whether infants require prophylactic intubation given the risk of apnea associated with PGE1.

BEST-IN-TRAINING PAPER - Recognizes the best abstract or poster presentation given during the SOTM education program by a student, resident, or post-graduate fellow.

NEAR-CONTINUOUS, NONINVASIVE BLOOD PRESSURE MONITORING DURING PEDIATRIC TRANSPORT.
Michael H Stroud, MD, presenter

The presenter received a certificate and a \$250 honorarium.

Purpose: Accurate monitoring of blood pressure is a necessary part of pediatric transport. Oscillometric blood pressure devices provide intermittent and delayed blood pressure measurements, with potential inaccuracies due to motion and noise artifact, especially in rotor-wing transport vehicles. Blood pressures should be measured easily, accurately, continuously, and non-invasively to improve patient safety during transport.

If you would like detailed information on the abstracts presented during the program or during any other NCE-related session, please visit the abstracts online website at <http://www.abstracts2view.com/aap/>.

THE 2007 SCIENTIFIC PROGRAM
in conjunction with the NCE
will be held Sunday afternoon,
October 28, 2007
in San Francisco

Submit Abstracts by:
Friday, April 13, 2007

Submit electronically at
<http://www.aap.org/profed/cfa.htm>



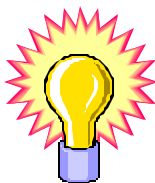
Summary of 2007 Scientific Program on page 4.

Submissions Wanted!

Have an idea for a future article?

Interested in writing a featured column for an upcoming issue?

Want to share a story or newsworthy transport item?



Need to promote an educational activity or post a professional opportunity?

**WE WANT YOUR
SUBMISSION FOR THE
NEXT NEWSLETTER!**

Please contact Dr Anderson at
michael.anderson@case.edu

2006 Transport Medicine Course Overview

Thanks for Joining us in Atlanta!

The 2006 Course on Neonatal and Pediatric Critical Care Transport Medicine was a rousing success! The Course, held in conjunction with the AAP NCE, took place October 8-10 in Atlanta. By registering for the Course, attendees also had access to other NCE's educational sessions and activities.

The course is an excellent venue to network with other transport teams around the world, share ideas, and learn more about the ever-growing specialty of transport medicine. We hope to see you in Boston in 2008!

SUNDAY, OCTOBER 8

Academic and Scientific Program

The conference opened with plenary sessions on risk assessment and team liability. The program also included scientific presentations on the latest neonatal and pediatric transport research.

MONDAY, OCTOBER 11

Plenary Sessions, Breakouts, and Optional Workshops

The second day of the conference addressed multiple aspects of neonatal and pediatric transport medicine such as program effectiveness, treatment protocol development, case studies, and how real disasters impact pediatric transports. Optional simulation workshops were also available at the Evans Center for Caring Skills at Emory University's School of Nursing.

TUESDAY, OCTOBER 12

Panel Discussions and Plenary Sessions

The final day of the conference was dedicated to transport standards and high-tech support. There was also a panel on the changes in Medicaid reimbursement in the transport environment.

American Academy of Pediatrics

2007 National Conference & Exhibition San Francisco, CA

Section on Transport Medicine
Scientific Program: "Safety in Transport
Medicine: Primum non nocere"

Sunday, October 28, 2007

- | | |
|---------------|---|
| 12:30-1:00 PM | Section Business Meeting |
| 1:00-1:05 PM | Introduction |
| 1:10-2:00 PM | Platform & Poster
Presentations:
C. Robert Chambliss MD
Best Paper Award
and Best In-Training Award |
| 2:00-3:00 PM | One if by land, two if by air:
which mode is safer? |
| 3:00-4:00 PM | Safe Transport for Children |
| 4:00-5:00 PM | Panel Discussion:
How do we create a culture of
safety? |
| 5:00-5:30 PM | Open Discussion and Closing
Remarks |

2008 SAVE THE DATE! 2008

**The Section on Transport Medicine
Course on Neonatal and Pediatric
Critical Care Transport Medicine**

**in conjunction with the
AAP National Conference & Exhibition
will be held on
October 12-14, 2008, in Boston.**

2008 SAVE THE DATE! 2008

**2006 Course on Neonatal and Pediatric
Critical Care Transport Medicine
Syllabus Order Form**

Copies of the 2006 Transport Course Syllabus are available for \$15.00 each (includes shipping).

Billing Address:

Name: _____

Address: _____

City, State: _____ Zip _____

Phone: _____ E-mail: _____

Please check here if the shipping address is the same as the billing address.

Shipping Address:

Name: _____

Address: _____

City, State: _____ Zip: _____

Number of Books Requested ____ X \$15.00 = \$ _____

Method of Payment

Credit Card MasterCard Visa American Express Discover

Card Number: _____

Expiration Date: _____

Cardholder's Signature: _____

FAX ORDERS TO: Nicole Alexander – 847/434-8000

Check (*made out to American Academy of Pediatrics*)

Mail check with a copy of order form to: S. Niccole Alexander, MPP
American Academy of Pediatrics
141 Northwest Point Boulevard
Elk Grove Village, IL 60007

*Presentations from the 2002 and the 2004 conferences are also available for purchase.
If you would like more information, please contact Nicole Alexander at nalexander@aap.org*

Transport Medicine International—Hungary

A Non-Governmental Organization for Neonatal Transport in Central Europe in the Central Region of Hungary

Zsolt Somogyvari MD, PhD, MSc, Affiliate Member of the AAP SOTM

Short CV of Zsolt Somogyvári

Dr. Somogyvári is a pediatrician and neonatologist who currently works in Hungary as an adviser to the National Institute of Child Health. For more information on his transport program, please visit <http://www.pca.hu/> or contact him at somogyvarizs@ogyei.hu.

The Peter Cerny Neonatal Emergency Ambulance Service has been around since June 1989. It operates in Budapest as well as the 130 - 140 km surrounding areas, and with a service population of more than 4.5 million people. With its around the clock service, 38,171 babies have been transported over the course of the past 17 years. To avoid the life threatening respiratory problems, mechanical ventilation has been carried out in 7,752 cases. 915 per 1,008 neonates and infants (below 6 kg body weight and/or 60cm body length) have been reanimated successfully.

General information: Hungary has 10.2 million inhabitants.

There are 22 Level-III NICUs, 5 NICU-s, and 1 CICU (Budapest). The prematurity rate was 8.2% and the perinatal mortality rate was 6.2 per 1,000 in 2005.

The “9 Ws” as the key elements of our Neonatal Transport Service:

WHY do 2,800-3,000 infants per year need to be transported?

The infants were transported because they were not born in the right place or at the right time, or because the circumstances required special needs. The so-called intrauterine transport proved to be insufficient and the facilities for special examinations (ECHO, CT, MRI) have not been available in those hospitals with NICU units.

WHO must be transported?

- Newly born infants who need delivery room resuscitation, sub-intensive or intensive care, and interfacility transport.
- Newborns during the first weeks of life who are critically ill, recovering infants who have not yet needed high-level intensive care.
- Premature infants after discharge with 2-3 kgs body weight in the 3-4 month of life who need emergency help and more specialized neonatal care, rather than the regular pediatric care in critical situation at home.
- Planned home delivery with problems during the adaptation period (increasing numbers).

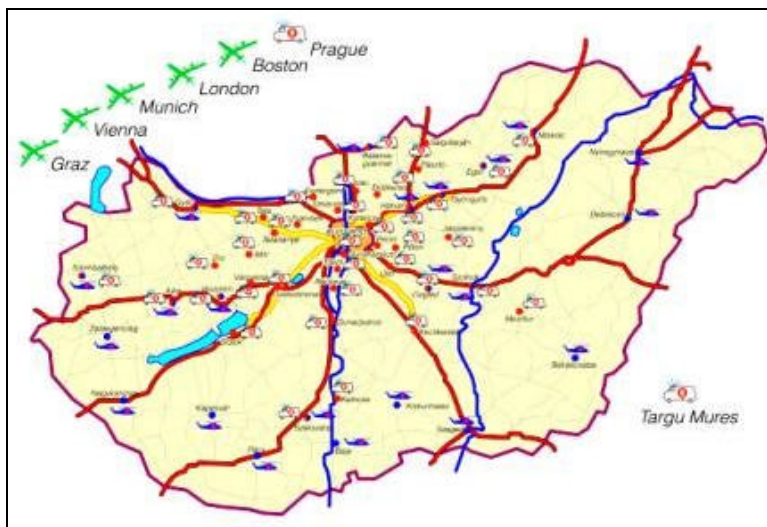
- 6-7 month old infants (earlier ELBWI) who suffer from typical chronic neonatological diseases like BPD and need acute care when the condition worsens.

The target group is not only defined by the age but also the body size. Babies need interfacility transport when the body weight is below 6kg and/or the body size is less than 60cm (which ensure that babies fit into transport incubators).

And if we talk about neonate transport, we imply activities for emergency reasons, which require immediate intervention in any potentially life-threatening cases. Worsening condition of the infant in any time and any place requires urgent and fast professional medical interventions, which are optimally served only by “a mobile NICU on four wheels”.

WHEN do newborns need to be transported?

The best answer: “in the right time.” We can talk about the right time if we have to consider the different aims of the transport.



Interhospital transport with ongoing resuscitation by the referral team is the most urgent case for newborn transports. We have to decrease the initial contact time and the departure time to the bare minimum. The same situation holds true before starting an emergency caesarean section. We have to leave and drive as fast as possible. Our guideline allows only 1-3 minutes in the day and

1-6 minutes at night. The average travel time inside Budapest is about 10-12 minutes and to rural areas about 25-50 minutes. Planned transports have been coordinated by our dispatch service (24/7 duty) which attempts to satisfy every demand. Response time of interhospital transports between NICUs is 5-10 minutes. For diagnostic or operative interventions, transports can be planned up to 1-3 days.

There are many situations and places when resuscitation has been done by the mobile NICU. Example includes if the delivery happens at home or in an unexpected place. After a fatal event, resuscitation is needed. If our transport team was called before the caesarean section of an asphyxiated fetus, we have to start resuscitation wherever we are. In these cases the success rate of resuscitation is significantly higher than in cases when the referral team started it. We use the AHA-AAP NRP-2006

Policy Statements of Interest

Patient- and Family-Centered Care and the Role of the Emergency Physician Providing Care to a Child in the Emergency Department

[<http://aappolicy.aappublications.org/cgi/content/full/pediatrics;118/5/2242>]

PEDIATRICS Vol. 118 No. 5 November 2006, pp. 2242-2244 (doi:10.1542/peds.2006-2588)

Authored by: American Academy of Pediatrics, Committee on Pediatric Emergency Medicine, American College of Emergency Physicians and Pediatric Emergency Medicine Committee

Description: Patient- and family-centered care is an approach to health care that recognizes the role of the family in providing medical care; encourages collaboration between the patient, family, and health care professionals; and honors individual and family strengths, cultures, traditions, and expertise. Although there are many opportunities for providing patient- and family-centered care in the emergency department, there are also challenges to doing so. The American Academy of Pediatrics and the American College of Emergency Physicians support promoting patient dignity, comfort, and autonomy; recognizing the patient and family as key decision-makers in the patient's medical care; recognizing the patient's experience and perspective in a culturally sensitive manner; acknowledging the interdependence of child and parent as well as the pediatric patient's evolving independence; encouraging family-member presence; providing information to the family during interventions; encouraging collaboration with other health care professionals; acknowledging the importance of the patient's medical home; and encouraging institutional policies for patient- and family-centered care.

The Teen Driver

[<http://aappolicy.aappublications.org/cgi/content/abstract/pediatrics;118/6/2570>]

PEDIATRICS Vol. 118 No. 6 December 2006, pp. 2570-2581 (doi:10.1542/peds.2006-2830)

This policy is a revision of the policy posted on November 1, 1996.

Authored by: Committee on Injury, Violence, and Poison Prevention and Committee on Adolescence

Description: Motor vehicle-related injuries to adolescents continue to be of paramount importance to society. Since the original policy statement on the teenaged driver was published in 1996, there have been substantial changes in many state laws and much new research on this topic. There is a need to provide pediatricians with up-to-date information and materials to facilitate appropriate counseling and anticipatory guidance. This statement describes why teenagers are at greater risk of motor vehicle-related injuries, suggests topics suitable for office-based counseling, describes innovative programs, and proposes preventive interventions for pediatricians, parents, legislators, educators, and other child advocates.

Upcoming Courses/Educational Sessions



APLS: The Pediatric Emergency Medicine Course

Big Sky Resort

Mar 22 - Mar 25, 2007

AMA PRA category 1 maximum of 14.0 credits

Description: What is APLS? APLS is a continuing medical education program in pediatric emergency medicine developed by the American Academy of Pediatrics and the American College of Emergency Physicians. Over the past 20 years, tens of thousands of emergency physicians and pediatricians have used the APLS "teaching and learning" system to enhance their knowledge and skills and improve the quality of care they provide to infants, children, and adolescents. *APLS: The Pediatric Emergency Medicine Resource* textbook is the core of the program.

<http://www.pedialink.org/cme/coursefinder/CMEdetail.cfm?aid=32154&area=liveCME>

Workshop on Perinatal Practice Strategies - Registration Open!

DoubleTree Paradise Valley Resort

Apr 13 - Apr 15, 2007

AMA PRA category 1 maximum of 15.5 credits

Description: The Workshop on Perinatal Practice Strategies was created in 1988 to provide a forum for addressing practice issues in neonatal/perinatal medicine.

<http://www.pedialink.org/cme/coursefinder/CMEdetail.cfm?aid=31422&area=liveCME>

Pediatric Hospital Medicine

Marriott Salt Lake City Downtown

Aug 02 - Aug 05, 2007

AMA PRA category 1 maximum of 18.0 credits

Sponsored by the American Academy of Pediatrics (AAP), the Ambulatory Pediatric Association (APA), and the Society for Hospital Medicine (SHM)

Description: The Pediatric Hospital Medicine Conference is an educational forum for pediatric hospitalists and

The Pediatric Transport Database



The Section on Transport Medicine (SOTM) created the transport team database in 2004 to be used as a reference tool specifically for neonatal and pediatric transport professionals. A link to this resource can be found on the SOTM web site at <http://www.aap.org/sections/transmed/>.

The Section is in the process of updating the neonatal and pediatric transport team database. If you have already submitted a questionnaire (during the 2006 *Course on Neonatal and Pediatric Critical Care Transport Medicine* in Atlanta), no need to re-submit the information. Staff will be adding those responses within the next couple of weeks.

If you would like to add your organization's information to the database or if you would like to update what is currently posted, please visit the Section web site at <http://www.aap.org/sections/transmed/transportteamQA.htm> to submit a questionnaire.

Please note: there is no submission deadline. The database will be updated regularly. The information in the database is self-reported and not confirmed by staff or leaders within the Section.

<http://www.aap.org/sections/transmed/>

**Be informed!!
Get involved!!**

Join the Section on Transport Medicine LISTSERV® today!

The LISTSERV® allows the transport community to communicate through periodic e-mail messages.

To join the LISTSERV®, visit the Section web site at <http://www.aap.org/sections/transmed/>.

Only your name and e-mail address are required.

SOTM Adds an Affiliate Subcommittee!

Jan Romito, RNC, MSN, NNP, and
SOTM Affiliate Subcommittee Founding Chair
janice_romito@pediatrix.com

The Section on Transport Medicine Executive Committee recognizes and values the growing number of affiliate members who have recently joined SOTM. And in response, the SOTM leadership has approved the creation of a Section Affiliate Subcommittee. The Subcommittee will serve as the leading voice for nurses, respiratory therapists, physician assistants, paramedics, and other non-physician personnel within SOTM.

As a multidisciplinary field, Transport Medicine incorporates specific practices and principles from other areas of medicine including neonatology, critical care, emergency medicine, surgery, and trauma, to name a few. The SOTM Affiliate Subcommittee will provide education to the membership in those areas as well as circulate information and encourage research to promote safe, expert, and efficient inter-facility transport.

At \$60 annually, Section Affiliate Member benefits include (but are not limited to):

- Interaction with neonatologists, pediatric intensivists, pediatricians, and emergency room physicians;
- *AAP News* and other Academy materials;
- Involvement in educational programs and activities targeted to neonatal and pediatric transport medicine professionals;
- SOTM LISTSERV® access;
- and the list continues .

If you are already a member of the Section and are interested in the Subcommittee, you may contact me at janice_romito@pediatrix.com Include your curriculum vitae. Otherwise, to join the Section, please visit the Section web site at <http://www.aap.org/sections/transmed/>.

Pediatric Hospital Medicine Course— August 02-05, 2007 *Continued from p. 7*

other clinicians involved in the care of pediatric inpatients. With the ultimate goal of improved pediatric inpatient care, the conference seeks to increase participants' knowledge in the areas of clinical medicine, practice management, education, and research, and to provide the tools, skills, and strategies necessary to produce practice improvement. The conference also offers an opportunity for networking and discussion among pediatric hospitalists, as they engage in shaping the future of this rapidly evolving specialty in pediatric medicine.

<http://www.pedialink.org/cme/coursefinder/CMEdetail.cfm?aid=31601&area=liveCME>

Transport Medicine International—Hungary *Continued from p. 6*

protocol, which is available in Hungarian translation permitted by the contract of AAP and the Hungarian Child Health Institute.

WHO transports neonates?

A neonatologist/pediatrician/resident skilled in neonatal transport with AAP-NRP style training, one registered neonatal nurse skilled for transport and trained using a similar AAP-NRP exam, and drivers skilled who are able to assist medical staff. If the doctor is a woman, we also need a man who can carry the stretcher as some hospitals do not have elevators. The team works “24/7” type of duty.

WHAT type of equipment do we use and how can we reduce the side effects of transport?

We have got 2 Mercedes, 2 Fiat Ducato, 1 Ford Transit, and 1 Toyota Hiace vans that are fully equipped to imitate an ambulance and a Level III NICU. We use 5 Drager 5400 ITI and 1 Air-Shields Trailblaser type intensive transport incubators. We use Propaque and Dinamap monitors and every baby is placed in a vacuum mattress during the transport.

WHAT type of tasks do we have?

Start or continue the resuscitation, stabilize patient condition avoiding all factors of stress in the environment of the referral hospital, prepare the baby for the optimal transport avoiding any possibility of worsening, and start the Level-III NICU care.

WHAT type of protocols do we have?

There is a unique specialty of neonates who are physiological vulnerable (especially the transitory circulation), distinguishing neonates from any other transported populations. Any well equipped vehicle can mean an unfriendly environment for neonates – and even more for extremely low birth weight infants. For these reasons we use special medical and safety protocols in the transport environment for optimal care. Generally we have guidelines that are similar to the Academy’s pediatric transport guidelines.

WHAT type of education do we have?

The optimal transport system is expected to hire a highly educated, skilled staff. We have 28 full-time employees (doctors, nurses, drivers, dispatch-staff) and 8-12 part-time workers (doctors, drivers, and stretcher-carriers). There is systematic training and continuing education based on peer-reviewed cases.

Our organization makes every effort to provide outreach education for staff. We have educated more than 800 people over 8,000 hours for 12 years. Using the Academy’s NRP, the resuscitation success rate improved by 10%.

We had a project between 1996-2001 sponsored by the Johnson & Johnson’s European Fund to use the neonatal interfacility transport program as a part of the home care of ELBWI. The aim was to ensure adequate emergency care was provided in life threatening situations after discharge, to help parents and lay people recognize critical situations and illnesses in infants, and to offer assistance to rural pediatricians, general practitioners, and community nurses in the field of ELBWI post-intensive care.

The core elements of the complex regional neonatal emergency home-care and outreach education program are the following:

- It could operate in rural and metropolitan areas as well.
- The hospital ward protocols of the premature could be transformed easily for general practitioners, district and social nurses, parents and other relatives. On the bases of these education materials they could be trained effectively for the care of the early discharged infants.
- The on-call mobile neonatal emergency fast-corps (a full-time neonatologist and a nurse) and the emergency communication system worked well and safely.
- The service protected babies using very little time, cost, and energy for our mobile NICU service.



WHAT type of financial system do we have?

We work in a foundation form. Our non-governmental organization has a flexible budget. It is based on sponsorship, donations, and governmental support. Investments, amortization, and one-third of the operational costs are covered by contributions, and two-third of the operational costs are paid by the State. We collect data to

help in the strategy and decision-making process, along with a very active and effective marketing system.

The cost of running the ambulances in 2005 was about \$714,000 (US). The salary-level of the medical staff is much lower than in other countries Western European countries or in the US. Additional details from 2005: running distance 152,797 km; number of transported neonates 2,923; Cost per km \$5 (US) per km; cost per transport \$250 (US) per case.

Zsolt Somogyvari MD, PhD, MSc Affiliate Member of the AAP SOTM

References:

GA Woodward, Zs Somogyvári: The Hungarian (Budapest) neonatal interfacility transport system: Insight into program development and results. *Pediatric Emergency Care* 1997 13:290-293

Section on Transport Medicine Executive Committee Roster 2006-2007

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