As fall sets in, it is a great pleasure to update you all on the status and activities of our Section. Again, I would like to welcome all of our new members and affiliate members to the Section on Transport Medicine (SOTM). We now total over 250 strong, including a growing number of affiliate members.

I would like to congratulate Drs. Sherrie Hauft (NICU) from St. Louis and Tom Brazelton (PICU) from Madison, Wisconsin, as our two newly elected SOTM Executive Committee members. Their respective 3-year terms will start after this fall’s NCE. Thank you for participating in the section voting process. I also want to thank the other qualified candidates and encourage all members to get involved in the many Section activities. Please feel free to contact me or our section manager, Niccole Alexander, for more details.

The upcoming 3rd edition of the Guidelines for Air and Ground Transport of Neonatal and Pediatric Patients is in its final stages of editing and is now slated for publication in early 2006. This resource manual will continue to serve as one of the foremost transport references, with nearly 35 chapters and appendices, written by over 20 authors, representing all aspects of transport. Topics will include not only standard material on program administration, equipment, safety and team training, but also new chapters on clinical research, legal issues, networking, database development and reimbursement.

Two important areas of focus for this upcoming year include:

1) Re-establishing ties with a major pediatric journal to facilitate the publication of transport articles and
2) Increasing our section’s visibility within other national transport organizations.

Other suggestions? I welcome your ideas very much.

To update everyone: many of us have spent significant time investigating the possibility of establishing a national neonatal/pediatric transport database. In brief, given the current granting climate, such an endeavor seems quite difficult to fund at this time from public funding organizations. However, with the establishment of the new NIH funded PICU network and the ongoing NIH sponsored Neonatal Network, there are opportunities currently for us to study important transport questions by utilizing the untapped transport data from these and other existing research networks.

Remember, you can always post your comments on the SOTM LISTSERV®, reached by email at: transmedaap@listserv.aap.org. You can also use the LISTSERV® to ask fellow transport professionals interesting questions and discuss fascinating cases or published literature. To join, visit the Section Web site at www.aap.org/sections/transmed/.

As always, I could not finish this column without thanking Dr. Michael Anderson (Cleveland) for being the editor of this publication, 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 e-mail 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.

Robert M. Insoft, MD, FAAP
Chairman, Section on Transport Medicine
rinsoft@partners.org

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ACADEMY RESPONDS TO HURRICANE KATRINA DISASTER

The AAP has been active in helping victims of the recent hurricanes. Here are a few of the actions underway.

- The October issue of AAP News has a feature chronicling the AAP response to the disasters.
- The Home Page of the AAP Web site also features a list of resources available to parents cope with disaster.
- The Red Book Online has been updated to include information on managing infectious diseases in the wake of the disaster, including immunization recommendations for individuals displaced by the hurricane.

Also the Academy has established a relief fund through its Friends of Children Fund. All amounts contributed will go to organizations addressing pediatric relief efforts in consultation with or through AAP Chapters in the overwhelmed areas.

How to contribute:

1. Donate online: [https://www.aap.org/sforms/fcfformt.htm](https://www.aap.org/sforms/fcfformt.htm)
2. Donate by phone: You can charge your gift by phone by calling 888/700-5378.
3. Donate by mail: Please make your check payable to AAP Friends of Children Fund marked “Katrina relief” and mail to

   American Academy of Pediatrics
   Development Lockbox
   38367 Eagle Way
   Chicago, IL  60678-1383

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Tell us your story!

Were you on the Gulf Coast when Hurricanes Katrina or Rita struck?

Were you involved in relief efforts in the aftermath of the hurricanes?

You may have a story to tell, and we’d like to share it in the next issue of Transport Dispatch.

E-mail to Ruth Podjasek, Division Coordinator, AAP Division of Hospital and Surgical Services, at RPodjasek@aap.org.
Thank you!

Dr. Bruce Klein has graciously agreed to serve as the AAP’s representative in a new major project to assess the national EMS prehospital workforce.

The project, based at the University of California - San Francisco, will be conducted in partnership with NHTS and the HRSA EMS-C Program. This two-year project will include a comprehensive assessment of existing EMS workforce research and data sources and address challenges, opportunities, and risks confronted by the EMS workforce.


Educational Opportunities

National Association of EMS Physicians (NAEMSP)
2006 Annual Meeting
January 19 - 21, 2006
Hilton EL Conquistador
Tucson, AZ
Visit www.naemsp.org for details.

2006 Workshop on Perinatal Practice
Sponsored by the Section on Perinatal Pediatrics
March 5 - 7, 2006
Doubletree Paradise Valley Resort
Scottsdale, Arizona
For more information or to request a brochure visit www.pedialink.org/cmefinder or call 866/843-2271.

AAP 75th Anniversary Books for Sale

Dedicated to the Health of All Children, edited by Jeffrey P. Baker, M.D., Ph.D., FAAP, and Howard A. Pearson, M.D., FAAP, is a 220-page hardbound commemorative volume with essays, pediatricians’ personal anecdotes and more than 100 photographs tracing pediatrics from colonial times through the 1930 founding of the Academy until present. Member price, $50.

About Children: An Authoritative Resource on the State of Childhood Today (X-MA0285), edited by Arthur G. Cosby, Ph.D., Robert E. Greenberg, M.D., FAAP, Linda Hill Southward, Ph.D., and Michael Weitzman, M.D., FAAP, explores modern American childhood through 46 topics (immunization, ADHD and others) and 100 photographs. The hardcover book, a project of the Collaborating Centers for Child and Family Health Research, a joint venture of the Social Science Research Center of Mississippi State University and the AAP Center for Child Health Research, provides access to PowerPoint presentations, Internet resources and a companion Web site. Member price, $50.

To order books, brochures and other related resources from the Academy, visit www.aap.org/bookstore or call toll-free (888) 227-1770.

Do you have an idea for a future newsletter?
Please share it with us.
E-mail your ideas to Nicole Alexander at nalexander@aap.org.
A New “Service” for Neonatal Transport Teams?
Sherri Hauft, MD, FAAP, Incoming Member of the SOTM Executive Committee


It has long been recognized that the outcome for premature infants is improved with delivery at tertiary perinatal centers compared with other delivery settings. Many factors contribute to this discrepancy, some include: optimized perinatal care with administration of antenatal steroids and antibiotics, strict adherence to guidelines and experience with neonatal resuscitation, timely administration of surfactant, and careful attention to fluid and ventilatory management. Yet despite this information preterm infants will be born outside the tertiary care setting.

The authors evaluate the impact of a specialized neonatal transport team attending high-risk deliveries outside the tertiary care centers in the Greater Toronto area. Their transport team received additional training and experience in high-risk obstetrics and resuscitation of very low birth weight infants. The team attended deliveries of premature infants 32 weeks gestation and under at referring hospitals when requested by an obstetrician or pediatrician. During a 14-month period, the neonatal transport team attended 46 of 71 deliveries. The team was not present for the remaining 25 deliveries where infant resuscitation was performed by referring hospital staff prior to the team’s arrival.

Premature infants whose resuscitation was performed by the referring hospital staff were more likely to receive oxygen, mask CPAP, bag-mask ventilation and cardiac compressions for longer periods of time. The neonatal transport team more readily achieved successful endotracheal intubation, venous access and thermal stability. There were no differences in maximal FiO$_2$, oxygenation index, mean time to surfactant administration, incidence of hypotension, crystalloid and ionotrope administration, or infant mortality between the groups. The neonatal team obtained an early measurement of plasma glucose more frequently but had a higher incidence of hypoglycemia in this patient group. The reasons for this discrepancy were not readily apparent.

Comment: This retrospective practice review suggests delivery room resuscitation in referral centers is improved when experienced neonatal personnel are present, although the authors admit circumstances dictating delivery before transport team arrival may also influence the immediate postnatal course. With no difference in infant mortality it is difficult to know if this observation leads to improvement in other patient outcomes. Not surprisingly, the immediate basics of resuscitation improve with practice and repetition; however, this also raises an important concern for referral centers. Fewer opportunities and less responsibility in resuscitation may result in “de-skilling” of community pediatricians who should remain an important resource for the babies who will inevitably be born outside perinatal centers. The implications of this study for other transport teams must be carefully considered. Many teams cover extended referral areas and have diverse clinical responsibilities. Providing a neonatal transport team delivery room ‘service’ is a time and personnel commitment with uncertainty about improvements in clinical outcome that may compromise availability for other patient care and educational activities.

Update your Personal Profile!!!!

An important service is available on the AAP Member Center. A Personal Profile has been added to provide you with an opportunity to view your address, demographic, and subspecialty information, and update it at your own convenience. Simply enter the changes into the form, and the database will be updated the following day. This way there will be no delay in receiving your member benefits.

The AAP online Member Directory, available through the AAP Member Center at www.aap.org/moc, has recently been improved. The online directory should be your primary resource to locate colleagues. Quite simply, it has the most accurate, up-to-the-minute contact information available.

With these new changes and enhancements, we believe we can further improve service to members and the public. However, it is also an important time for our members to check their address and demographic information for accuracy. Please take the time to visit the Member Center and click on “Update my Personal Profile.” If you prefer to contact us by phone or e-mail, you can call 877/THE-AAP1, or send an e-mail to csc@aap.org.
During the 2006 National Conference & Exhibition, the Section on Transport Medicine will once again present its bi-annual Course on Neonatal and Pediatric Critical Care Transport Medicine. Issues raised will be of interest to transport leaders as well as staff.

In the spirit of suggestions from previous attendees, the 2006 course will address a diverse group of topics including risk management, transport scoring systems, protocol development, pediatric and neonatal case discussions, maximizing reimbursement, and care of the surgical newborn. Two panel discussions are being planned which promise to be lively as Medicaid reimbursement and child advocacy will be discussed. Because the conference will be offered as part of the NCE, attendees may take advantage of a variety of NCE activities. **Come join us next fall--dates to be announced!!!**

**TENTATIVE Schedule ...**

**Plenary Topics**
- Risk Assessment for Transport Teams
- Transport Team Liability
- Transport Scoring Systems
- Transport Standards

**Breakout Topics:**
- Transport Administration
- Evaluating Service Effectiveness
- Transport Profit and Loss
- Treatment Protocol Development for Transport Teams
- Is High Tech Support for Transport Value Added or Added Fluff?
- Reimbursement Workshop
- Transport Team Configuration and Personnel Skills
- Pediatric Transport Case Studies
- Neonatal Transport Case Studies
- Care of the Surgical Neonate During Transport

**Panel Discussion Topics**
- How Will Changes in Medicaid Reimbursement Affect Transport Teams?
- Transport and Child Advocacy

If you have any questions, suggestions, or if you would like to be involved in planning the conference, please contact Dr. Tony Pearson-Shaver, 2006 Course Director, at tpearson@mail.mcg.edu. And if you are interested in joining the 2006 Course mailing list, please send your e-mail and mailing address to Niccole Alexander at nalexander@aap.org.

**2006 Course Planning Committee**
Dr. Tony Pearson-Shaver, Course Director
Dr. Harley Ginsberg, Course Co-Director
Dr. Steven Donn (Committee on Medical Liability)
Dr. Allen “Buzz” Harlor, Jr. (Committee on Practice and Ambulatory Medicine)
Dr. Robert Insoft, Section Chairperson
Dr. Andrea Leeds (Committee on Practice and Ambulatory Medicine)
Dr. Calvin Lowe, 2004 Course Director
Jean Reimer-Brady, RN, MSN, NNP, 2004 Course Co-Director
Jan Romito, RNC, MSN, NNP

If you are interested in obtaining a copy of last year’s schedule and syllabus, please see the next page.
Shipping Address:

Name: ___________________________________________________

Address: ___________________________________________________

___________________________________________________

City, State ___________________________________________________

Zip: ___________________________________________________

Phone: ___________________ E-mail: ___________________________

Method of Payment

The Course Syllabus is $15.00 (includes shipping costs).

☐ MasterCard ☐ Visa ☐ American Express

Card Number: ____________________________

Expiration Date: _______/_______

Cardholder’s Signature: ____________________________________________

FAX CREDIT CARD ORDERS TO:
Niccole Alexander – 847/434-8000

☐ Check (Made out to “American Academy of Pediatrics”)

Checks should be mailed to:
S. Niccole Alexander, MPP
Section on Transport Medicine
American Academy of Pediatrics
141 Northwest Point Boulevard
Elk Grove Village, IL 60007
The Pediatric Transport Database is Once Again Up and Running

The Section on Transport Medicine’s (SOTM) Pediatric Transport Team Database has just been reactivated! The database is a collection of self-reported data on teams across the United States. The result of our year-long survey of teams is currently posted on the SOTM web site.

Information captured:
- name of sponsoring institution
- whether there is a unified team available -- one team that performs pediatric and neonatal transports -- or specialized teams
- name of pediatric team medical director and contact information
- name of neonatal team medical director and contact information
- name of pediatric team nurse manager and contact information
- name of neonatal team nurse manager and contact information
- emergency telephone number to access team
- subspecialty pediatric/neonatal services available at the sponsoring institution.

The database is a static document that will not be updated again until late summer 2006. Changes should be submitted to nalexander@aap.org beginning in July 2006.

How did we do it?
Staff circulated a request form during last year’s Course on Neonatal and Pediatric Critical Care Transport Medicine and also through LISTSERV® and membership e-mail lists. The information collected was summarized and then posted in a PDF format on the Section on Transport Medicine web site at www.aap.org/sections/transmed/

Next July a request for information will be circulated again to catch any changes and edits and to add new information to the next iteration. Also, we will be expanding our reach to include the AAP Sections on Emergency Medicine, Critical Care, and Perinatal Pediatrics and are hoping to have one of the most inclusive and expansive rosters of pediatric transport teams around.

Would you like your team to be added next time?
If you would like your name added to the e-mail mailing list to ensure that you receive the request for information next year, please send an message to Niccole Alexander at nalexander@aap.org with “Transport Database” in the subject line.

Disclaimer: All information is self-reported. We have not confirmed/double-checked any of the submissions.

Recently Published Academy Statements and Reports

Guiding Principles of Pediatric Hospitalist Programs
Pediatrics, April 2005

Death of a Child in the Emergency Department (NEW)
Pediatrics, May 2005
Committee on Pediatric Emergency Medicine

Pediatric Care Recommendations for Freestanding Urgent Care Facilities (REVISED)
Pediatrics, July 2005
Committee on Pediatric Emergency Medicine

Pediatrician Workforce Statement (REVISED)
Pediatrics, July 2005
Committee on Pediatric Workforce

Psychosocial Implications of Disaster or Terrorism on Children: A Guide for Pediatricians
Pediatrics, September 2005
Committee on Psychosocial Aspects of Child and Family Health and the Task Force on Terrorism

If you are interested in reviewing any of the statements listed above, please visit the Pediatrics web site at www.pediatrics.org.

Congratulations!!
The section membership elected 2 new Section on Transport Medicine Executive Committee members:

Sherrie M. Hauft, MD
Thomas B. Brazelton, III, MD, MPH
Michael S. Trautman, MD (Re-elected)

Their terms begin immediately following the 2005 NCE.

With Appreciation...
And we also say goodbye to an outgoing member ...
Anthony (Tony) L. Pearson-Shaver, MD, MHSA
Thank you for 6 years of hard work and dedication!
Following is a list of ideas from Section leaders for activities and projects for the coming year.

**Joint Clinical Research Project with the Committee on Medical Liability**
The research would be centered on the incidence of malpractice claims in pediatric transport. Many members have asked for this type of project. We are hoping to start the ball rolling with sessions at the 2006 Course on Neonatal and Pediatric Critical Care Transport Medicine. They will focus primarily with risk management in the transport world.

**Increase Exposure within the AAP and Among Other Transport Organizations**
We requested assistance with the third edition of the *Guidelines* manual from a variety of groups including CAMTS and NAEMSP and the Sections on Critical Care, Emergency Medicine, and Perinatal Pediatrics, to name a few. We have also proposed that future NCE sessions and workshops be proposed jointly with other Academy groups.

**Establishment of a National Clinical Research Network for Neonatal and Pediatric Transport Professionals and the Creation of a National Pediatric Transport Research Alliance**
Stay tuned for more details about both of these projects. Leaders within the section will be attempting to find sponsors (corporate or otherwise) to fund both projects. If you know of any, please contact the Section Chairperson, Dr. Robert Insoft at rinsoft@partners.org.

**Creation of a Pediatric Transport Journal**
We are looking into partnering with a publication company of working with another transport organization to create a journal for pediatric transport professionals. If you have experience in this area or if you are interested in working on this project, please contact Dr. Insoft.

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**Update on the Third Edition of the Transport Guidelines Manual**

The SOTM was recently added to the *AAP News* “Focus on Subspecialty” rotation. Our contribution, due for publication in October, will cover some of the activities that the Section is currently planning. One of the highlights of the piece are the details surrounding the revisions to *Guidelines for Air and Ground Transport of Neonatal and Pediatric Patients*. Following is a draft of that article written by Executive Committee member, Dr. Bruce Klein:

“An updated and significantly revised version of the AAP’s Guidelines for Air and Ground Transport of Neonatal and Pediatric Patients, edited by Drs. George A. (Tony) Woodward, Robert M. Insoft, and Monica E. Kleinman, is expected to be available by early 2006. Prior editions of the Guidelines have proven to be extremely useful both in the United States and internationally over the past 10 years.

All of the contributors to this new 3rd edition have significant experience and expertise in pediatric and neonatal transport medicine. The authors’ backgrounds include administration, critical care and emergency medicine, emergency medical services (EMS), law, neonatology, nursing, pediatrics, pharmacy, and respiratory therapy.

Many new topics have been added, and chapters from the previous edition have been revised significantly, guided by input from the Section on Transport Medicine’s Executive Committee, as well as many others involved in transport. Topics include accreditation, administration, altitude physiology, communications, database development, equipment, ethical considerations, family-centered care, financial factors, integration with EMS, international transport, legal issues, marketing, organization, outreach, quality improvement, research, safety, stress debriefing, team composition, telemedicine, training and assessment, vehicle requirements, and other unique transport issues. There will also be multiple new and updated appendices presenting succinct information of importance to transport personnel.”

The manual is presently undergoing final modifications and will soon be sent to the AAP Board of Directors for final review. These Guidelines should be invaluable to both established and any new transport programs.
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2005-2006

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