It is a great pleasure to update you all again on the status and activities of our Section. Again, I would like to welcome all our new members and affiliate members to the Section on Transport Medicine (SOTM). We now total over 275 members, including a strong number of affiliate members who represent nursing, respiratory care and EMT/Paramedic transport professionals, as well as physician assistants and transport team administrators.

I am honored to commence my final year of my second term as Chairperson. We have a very dedicated, hard-working Executive Committee (EC) including Drs Bruce Klein (Washington, DC, Peds ER), Calvin Lowe (Los Angeles, Peds ER), Sherrie Hauft (St. Louis, NICU), Tom Brazelton (Madison, WI, PICU), Michele Moss (Little Rock, PICU) and Michael Trautman (Indianapolis, NICU). Also special thanks to our superb Section Manager Niccole Alexander and her entire Academy staff, who work at ensuring the highest quality teaching programs and publications for SOTM. I encourage Section members to become more involved by either running for executive committee vacancies this upcoming year or by becoming involved in the numerous SOTM activities. Please feel free to contact any of us for more details.

Every month I receive a number of inquiries from transport professionals regarding reimbursement. Please refer to the newest 2008 Coding for Pediatrics Manual published by the Academy, which details (physician) transport codes and clarifies many common billing questions.

It was wonderful welcoming so many members and non-members to the fall SOTM Program at the NCE, on October 28 in San Francisco. Chaired by Tom Brazelton, the program included many state of the art talks and panel discussions on transport safety, as well as state of the art abstract talks and poster presentations representing many diverse programs. The session included the presentation of the C. Robert Chambliss Best Paper Award and the Best-in-Training Award (see accompanying article by Dr Brazelton about the program, the speakers and award recipients).

With regard to Section finances, I am happy to report that we possess solid reserve funds to ensure the future success of our educational

Continued on p. 2
activities. We are working with the AAP educational staff at making sure our programs continue to offer the most relevant material in venues that allow for participants to see cutting edge products as well.

The next SOTM Program will be held in conjunction with the AAP NCE and our 2008 Course on Neonatal and Pediatric Critical Care Transport Medicine in Boston next October 12-14. The Planning Committee for the 2008 Course on Neonatal and Pediatric Critical Care Transport Medicine has already planned this biannual 3 day course—save the date! At this course and the associated NCE, for the first time we are planning an exhibit area in the vendor hall dedicated to companies which make transport-related products and equipment. The brochure will be available soon.

Renee Taylor of the SOTM Affiliate Subcommittee is spearheading a new web-based educational offering hopefully to be rolled out in early 2009. This web-based two to three hour course will highlight nationally known speakers focusing on one major transport topic with participants being able to call in questions in a live web-based format. Stay tuned for more details.

The 3rd edition of the Guidelines for Air and Ground Transport of Neonatal and Pediatric Patients (2007) has been available for purchase since last year. Please remember that Section members receive a discounted price. This book continues to serve as one of the foremost national neonatal/pediatric transport references, with over 32 chapters and appendices written by over 20 authors representing all aspects of transport. Topics include not only standard material in program administration, equipment, safety and team training, but also new chapters on clinical research, legal issues, networking, database development and reimbursement. We are now establishing an editorial/planning committee for the 4th edition.

The SOTM Affiliate Subcommittee is playing a pivotal role in outlining the educational and professional needs of our growing affiliate membership. This committee is chaired by Janice Romito (Corpus Christi), who reports to the full Executive Committee on recent activities and projects. In addition, we are looking into awarding an Affiliate Member Best Paper Award at our yearly Scientific Session.

Webra Price-Douglas (Baltimore) continues to serve as the liaison from NANN, and Michael Trautman serves as the liaison from the SOTM to NANN. Hamilton Schwartz is the liaison from NAEMSP. In addition, we are now establishing liaisons between AAMS and the SOTM. We are always looking at establishing similar liaison connections with other professional organizations that represent pediatric transport professionals. If you have suggestions, please let me know.

Remember, you can always post your comments and questions on the SOTM LISTSERV®, reached by email at transmedaap.listserv.aap.org. You can also use the LISTSERV® to ask fellow transport clinicians interesting questions and discuss fascinating cases or published literature.

As always, I would like to thank Dr Michael Anderson (Cleveland) for serving again as 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 email Dr Anderson (michael.anderson@uhhospitals.org) if you have ideas for future articles.

I am truly honored to serve as Chairperson. Please forward me your ideas, suggestions, and, as always, criticisms.

Thank you!

Robert M. Insoft, MD, FAAP

In Memoriam: Karin Alexandra McCloskey, MD, FAAP

Karin A.L. McCloskey was a pediatrician who specialized in pediatric emergency medicine and had been a fellow of AAP. She was active in the Sections on Critical Care, Emergency Medicine and Transport Medicine. An international lecturer and consultant, she co-authored two textbooks, including Pediatric Transport Medicine in 1995, as well as numerous scientific articles. She died November 21, 2007, at her home in Rochester, NY at the age of 48.

Reprinted with permission from The Baltimore Sun
November 27, 2007

from Tony Woodward, MD, FAAP, Seattle Children’s Hospital:
Karina was a thought leader and invaluable in the establishment of the field and (AAP) Section on Transport Medicine. She was integral, along with several of her colleagues, in developing multidisciplinary interest and involvement in the concept of transport care and the need to improve and standardize the approach. She worked in a collaborative and kind fashion in rallying participants in the process and was inclusive of others in her efforts to move the field forward. Her research was pioneering in looking at pediatric transport, and paved the way for many of us to take her thoughts and direction and build teams/deliver care in a more consistent fashion. Her research also gave us materials to discuss and debate among ourselves and our multidisciplinary colleagues and leaders.
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 2007 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.

**Transport-induced biophysical impulse alters respiratory function in neonatal Sprague-Dawley rats.**
*Shetal Shah, MD, presenter*

The presenter received a certificate and a $500 honorarium.

**Purpose:** Newborn transport is linked with adverse neonatal outcomes, including broncho-pulmonary dysplasia (BPD). Changes in transmitted velocity during transport may be implicated in this increased morbidity. These accelerations, measured per unit time (impulse), are increased during transport. Our objective was to quantify changes in respiratory function associated with known levels of transport impulse using a neonatal rat model.

**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.

**A National Survey to Describe the Workforce of Neonatal Transport in the United States.**
*Kristine Karlsen, PhD, APRN, presenter*

The presenter received a certificate and a $250 honorarium.

**Purpose:** Neonatal transport in the United States is a complex process, yet little is known about the neonatal transport team (NTT) workforce. This national study investigated the general characteristics of NTTs and evaluated any differences between unit-based and dedicated teams with regard to transport orientation, certification courses required, and procedures allowed on transport.

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**Have you ordered the new GUIDELINES FOR AIR AND GROUND TRANSPORT OF NEONATAL AND PEDIATRIC PATIENTS??**

"In the past 20 years, this book has grown from a short document from the AAP to a 515-page textbook representing the most important aspects of neonatal and pediatric transport medicine. This is a must reference for any hospital involved in interfacility transport. The third edition has grown in size and scope and is a needed revision. Although other books cover clinical aspects of transport medicine, none have the scope, depth, and authority of this one."


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SOTM Program attendees were treated to a rare and exciting event at this year’s NCE when three of the most influential physicians in transport medicine safety spoke during the NCE in San Francisco. Drs Ira Blumen, Nadine Levick and Marilyn Bull delivered cutting edge data on helicopter safety, automotive safety initiatives, and the latest in child passenger safety seats, respectively. Notably, this was the first time Drs Levick and Blumen have had the opportunity to present and sit on a panel together in many years despite the fact that they frequently share top billing at national and international transport conferences.

Calling for more integration, communication and collaboration between medical and non-medical transport specialists, the three experts took the audience on a whirlwind flight around the difficulties of assuring data accuracy in the growing business of medical transport, over the checkered history of data collection, through the inherent inaccuracies of government-based datasets, and drove us full force into the disturbing lack of consistency (and/or overt disconnection) between data, research and policies in our country. By the end of the short conference, it was clear that we face many challenges in our field on which our survival literally depends:

- policies, protocols and equipment must be developed and based on sound and reliable data;
- our mandate is not just to insure the best evidence-based medical practice for our patients but also to insure the best evidence-based transport practices are in place to protect the lives our crews, our patients and the public;
- with a new perspective and the humility to accept that we may not have “all the answers,” we must challenge the old assumptions on which our practice, federal policies, and, in particular, ambulance equipment are based.

“We need to ask ourselves if we really want our EMS vehicles exempt from well-proven federal vehicle safety regulations dictating the design of our vehicles. We need to question why this practice developed and are those factors still as important today as they were 30 years ago. We need to begin to turn those wheels of human progress before more of our colleagues and patients are killed by an unsafe industrial practice. “Inevitability” implies someone else will take care of it. This assumption is guilty of one of Dr Blumen’s “2 Cs,” the biggest killers in our industry, carelessness and complacency. If we remain complacent, uninformed and allow careless practices in our risk-filled workplace, we have only ourselves to blame for future losses. It is time to demand substantive and fundamental changes to the things we rely on and yet most take for granted, our transport vehicles.

Transport medicine is inherently a “team sport.” The Section recognizes this and is seeking to expand the boundaries of membership to embrace the non-physician transport medicine specialists who, more so than the physicians, deliver the care and the patients. Within our own spheres, whether ED, NICU or PICU, we have long recognized the importance of the “team approach” and have expanded our programs to include EMTs, pilots, mechanics, and administrators, knowing that it is only through close cooperation, open communication and mutual respect that we continue to work as safely as humanly possible. This conference challenged us all to look even further for help, to recognize that our “multidisciplinary” field now needs to expand beyond our respective health care fields to engage automotive safety engineers, ambulance manufacturers, policy makers and the insurance industry to assure that our crews and patients have the safest equipment available.

Continued on p. 5
Health care is a 2.17 billion dollar industry in the United States. A “medical arms race” has been declared, highlighting the fierce competition in the pharmaceutical and biotechnology industries and acknowledging the fact that “medical” technologies are being developed faster than the proof of their efficacy can be researched and published. Fortunately (or unfortunately) for Transport Medicine, few changes in our industry have significantly altered patient outcomes and we have an opportunity to critically examine the things we take for granted, such as the “death vaults” in which we travel everyday to pick up critically ill infants and children. We have an opportunity to examine the history of automotive research, policy and legislation that, ironically, optimizes our safety as civilian consumers in our private vehicles but neglects our safety as professionals in ambulances. It is up to each of us to take responsibility for our safety and get educated—hopefully with as much enthusiasm as we train with simulators on intubation to assure our competency in caring for our patients—so do we need to be competent in “safety” beyond the traditional teachings. In the out-of-hospital setting, “situational awareness,” “personal protective equipment” (PPE) and “scene control” become words to live (or die) by. But do we really know what these words mean? Situational awareness might be enhanced by in-vehicle “black boxes,” PPE may mean on-person survival gear (cell phone, signaling devices, brightly colored uniforms), and scene control might refer to the back of the ambulance, assuring its design, personnel- and equipment-securing technologies are state-of-the-art.

In a field as inherently dangerous as transport medicine, whether by air or by ground, by specialty team or by EMS, safe transport for our crews and our patients must be our highest priority. Only through our collective education, awareness and anger at how dangerous our field is allowed to be, and ultimately demand for a safer worker environment, can we hope to deliver the best and safest transport for our patients.

Speakers

Ira Blumen, MD, is a Professor of Medicine in the Section of Emergency Medicine at the University of Chicago. He’s been involved in air medical transport since 1985 as the program and medical director of the University of Chicago Aeromedical Network (UCAN) since 1987. Dr Blumen served on the Board of Directors of the Association of Air Medical Services (AAMS) and was a founding member, board member and past-president of the Air Medical Physician Association (AMPA). He has authored numerous book chapters and articles and is the editor-in-chief of the Air Medical Physician Association textbook “Principles and Direction of Air Medical Transport.” As lead researcher and author of “A Safety Review and Risk Assessment in Air Medical Transport,” Dr Blumen has led the field of air medical safety and is currently working on a project “Opportunities for Safety Improvement in Air Medical Transport,” through further development and refinement of a national database. This comprehensive database of operating air medical programs builds on a number of other national surveillance tools, among them the National Transportation Safety Board and FAA, and Blumen has used it to demonstrate the changing pattern of air medical helicopter use in the United States and point the relative risk to patients and transport personnel.

Nadine Levick, MD, MPH, is a Pediatric Emergency Medicine physician, clinician, academic and researcher. She is acknowledged as a national and international leader in the multidisciplinary field of EMS transport safety. Dr Levick has held senior faculty positions at Johns Hopkins University, Columbia University, the Royal Melbourne Hospital and the Royal Australian Flying Doctor Service in Australia. Dr Levick conducted the first vehicle-to-vehicle ambulance crash tests and also established and coordinated the first international symposium on Emergency Vehicle Safety. Through this landmark research, she has been responsible for major enhancements in emergency vehicle transport safety and the implementation of federal safety initiatives in the USA and Australia. Dr Levick has published the lead engineering papers globally on EMS vehicle safety and numerous other publications on transport medicine safety. She is a founding member of the cross-disciplinary national Mobile Medical Transportation Safety (MMTS) task force, is the inaugural Chair of the new National Academies Transportation Research Board (TRB) EMS Transport Safety Subcommittee. She also chairs the American Public Health Association’s Injury Control and Emergency Services Section’s subcommittee on Disaster and Emergency Health Services and is the editor of Transactions, the American Society of Safety Engineers (ASSE) Transport Practice Specialty newsletter. She is the founder of the not-for-profit Emergency Medical Services (EMS) Safety Foundation and established the www.objectivesafety.net, a transport medicine safety information web portal. Dr Levick’s work highlights the interface of scientific data with transport safety guidelines and policy development.

Marilyn Bull, MD, FAAP, is Professor of Pediatrics at Indiana University School of Medicine and Riley Children’s Hospital. A genetictist and developmental pediatrician, she is a leader in injury prevention and child passenger safety issues.

Awards

Our Section presents awards for research in Transport Medicine and this year we were very proud to hear landmark research presented by Kristine Karlsen, PhD, APRN, of the University of Utah, titled “A National Survey to Describe the Workforce of Neonatal Transport in the United States,” chosen unanimously for the “Best In-Training Paper Award.” Dr Karlsen has devoted her career to neonatal clinical assessment and transport and is the developer of the S.T.A.B.L.E. Program, focusing on post-resuscitation and pre-transport stabilization of critically ill infants. In this, one of her first presentations of her as-yet-unpublished doctoral thesis, Dr Karlsen presented the most comprehensive survey of neonatal transport teams ever performed in this country in which she surveyed 335 neonatal transport teams out of a possible 378 for astounding 89% response rate. Of these, 32% were deemed “dedicated” transport teams and 68% were unit-based. While there were some similarities, Dr Karlsen’s data shows some interesting differences between the two when examining team composition, annual transport volume, modes and distance of transport, duration of...
precepting/orientation to transport, certifications and procedures performed on transport. Dr Karlsen’s work will no doubt feature prominently in workforce and quality analyses of neonatal and pediatric transport research for years to come, and we are honored to have heard it here first.

The C. Robert Chambliss Best Paper Award went to Dr Shetal Shah, a neonatologist at the State University of New York, who presented “Transport-induced biophysical impulse alters respiratory function in neonatal Sprague-Dawley rats,” a fascinating look at how external motion and vibration may lead to profound alterations in neonatal lung compliance from exacerbation of the inflammatory response.

Our congratulations to both award recipients and heart-felt thanks to all those who contributed to the Section with their research.

Other Platform Presentations
- David A. Turner, MD, Children’s Hospital, Boston: VASOACTIVE AGENTS VIA PERIPHERAL INTRAVENOUS ACCESS DURING TRANSPORT OF CRITICALLY ILL INFANTS AND CHILDREN.
- Jason Knight, MD, Children’s Hospital of Orange County: REDUCING CODE 3 CRITICAL CARE GROUND TRANSPORTS WITH A TRANSPORT TRIAGE TOOL.
- Arleta Rewers, MD, University of Colorado: PREHOSPITAL TRIAGE CRITERIA: WHERE SHOULD A PEDIATRIC TRAUMA PATIENT GO?

Posters
- Ryan M. McAdams, MD, US Naval Hospital, Okinawa, Japan: LONG-DISTANCE AIR MEDICAL TRANSPORT OF NEONATES IN THE WESTERN PACIFIC.
- Angelo P. Giardino, MD, MPH, Texas Children’s Hospital: RESIDENCY EDUCATION ON PEDIATRIC EMERGENCY TRANSPORT: A LONGITUTIONAL COMPARISON OF 2 NATIONAL SURVEYS.
- Theresa A. Walls, MD, MPH, Children’s National Medical Center: AN EDUCATIONAL NEEDS ASSESSMENT OF REFERRING HOSPITALS.

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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."

If you have questions, please contact:

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601 13th St NW, Ste 400 N
Washington, DC 20005

**New Disaster Prevention PSA Poster Available!** [http://www.aap.org/terrorism/topics/DisasterPSA2006.pdf](http://www.aap.org/terrorism/topics/DisasterPSA2006.pdf)

The AAP has created a new public service announcement (PSA) stressing the importance of disaster preparedness. This PSA can be used in magazines, newspapers, newsletters, and Web sites. Also see: [TIPP Sheet for Parents—Four Steps to Prepare Your Family for Disasters](http://www.aap.org/terrorism/topics/TIPP_VIPP.pdf)
Web Based Education and CEUs: Coming to an Internet Link near You

Renee Taylor, NNP, APRN
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Before the advent of the internet, healthcare providers were restricted in their ability to obtain information. Knowledge was gathered via the traditional conference, teaching rounds, journal article or textbook. Conferences can be costly and place demands on time. Financial resources may be limited thereby reducing the number of personnel who can afford to attend high profile national meetings. While some organizations provide conferences on a yearly basis, others such as the AAP Section on Transport Medicine hold their conference biannually. If one is not employed by an institution with a medical library, access to a multitude of journals may be limited. Textbooks are costly and require space to house.

The internet has opened up an exciting new world for educational opportunities to organizations, teaching institutions and individual providers. Multimedia web-based distance learning is rapidly becoming accepted as a valid teaching methodology for medical disciplines such as surgery and pediatrics and has been used effectively in neonatal programs such as the Neonatal Resuscitation Program (NRP). In 2004 a pilot study in Germany was conducted to introduce an online tumor conference in the clinical management of gynecological cancer. Physicians involved in differing aspects of gynecological cancer were able to conduct case reviews, define therapy options and exchange clinical experiences via this medium. National and international guidelines were reviewed and protocols were upgraded. The majority (84%) of providers were satisfied with the content of the presentations. There was a positive rating on the technical support of the project (72%). An overwhelming majority (92%) was optimistic about the possibility of information exchange and 81% felt that educational training was advanced as a result of the experience.

Obstacles that must be overcome before launching such a project include obtaining financial support, recruiting speakers, securing site coordinators and technical support. One section of the AAP has blazed the trail for such projects. The NRP Steering Committee provided updates on the changes to the new NRP textbook (4th edition) for its instructors via web conferences and over 2000 instructors participated in these programs.

The process of launching a web-based education program may seem daunting to some. However where there are obstacles the Transport Section sees only possibilities. Members of the executive committee and affiliate membership have “stepped up to the plate” and offered to assist with the procurement of a vendor grant. Additional members have offered to coordinate the provision of continuing education units. Site coordinators will be sought by all participating teams. Research for an appropriate web cast company is also underway.

In 2009 the Section on Transport Medicine is planning to offer web-based conferences to transport teams around the country and to international teams as well. CEU credits will be offered for a nominal fee with these events. Transport team members who cannot travel to a national meeting can enjoy networking with national experts in transport medicine while earning continuing education credits applicable toward licensure or credentialing. The Section is planning to offer semi-annual web-based conferences on the off years when the national meeting is not held. Each lecture will be 60 to 90 minutes in length and there will be additional time for questions via a telephone link. A significant benefit of the “webinar” format will be the ability to archive the conference for possible replay, sale and the creation of a transport library.

By offering an interactive forum among multiple transport teams, the Section on Transport Medicine hopes that the experience and knowledge of seasoned transport teams can be disseminated to increased numbers of medical and affiliate members. Through this process we are optimistic that ideas for transport research and guideline development will be generated.

The inaugural web conference to be held February or March of 2009 promises to bring important information to many transport teams. Dr Nadine Levick, Chief executive officer of Objective Safety, will present a lecture on ambulance safety. A national and international expert on Emergency Vehicle Safety and development, Dr Levick is committed to developing technology that will ensure the safety of transport personnel who retrieve patients by mobile ground vehicles.

The affiliate subcommittee for Research and Education would like to thank Dr Calvin Lowe, Medical Director of LA Children’s Hospital Pediatric and Neonatal Transport Team, Dr Webra-Price Douglas, Program Coordinator of the Maryland Regional Neonatal Transport Program, and Renee Taylor, NNP, of Ochsner Medical Center for their participation in developing this project. Together we can bring exciting opportunities to the section so that we can continue to grow as transport professionals.

References:


American Academy of Pediatrics—Section on Transport Medicine
Course on Pediatric and Neonatal Critical Care Transport Medicine (tentative schedule)
2008 National Conference & Exhibition—Boston Massachusetts

Sunday, October 12, 2008
11:00 am Exhibits—Transport Medicine Row in Exhibit Hall
1:00 pm Welcome and Section Business Meeting
1:15 pm Plenary: Brain Cooling in High Risk Infants—Would Cooling During Transport Improve Outcome?
2:00 pm Scientific Session—Abstract Presentations
3:00 pm Break
3:15 pm Plenary: Early Management of the Child with a Severe Brain Injury
4:00 pm Scientific Session—Abstract Presentations & Awards
5:00 pm Welcome Reception
6:00 pm Exhibits—Transport Medicine Row in Exhibit Hall

Monday, October 13, 2008
7:30 am Continental Breakfast
8:00 am Welcome
8:15 am Plenary: Surveying the Workforce of Transport Teams
9:15 am Panel Discussion: Team composition—Accomplishing the goal of safely moving patients
10:15 am Break
10:30 am Clinical Track Breakout: Ethical Dilemmas in Transport
11:45 am Break
11:30 am Break
11:45 am Clinical Track Breakout: Ethical Dilemmas in Transport
12:45 pm Break for Lunch & Exhibits—Transport Medicine Row in Exhibit Hall
2:15 pm Plenary: The Pediatrician and Disaster Preparedness
3:15 pm Break
3:30 pm Panel Discussion: How Are We Doing: Let the Referring Physicians and Parents Tell All!
12:00 pm Closing Remarks and Adjournment

Tuesday, October 14, 2008
7:30 am Breakfast
8:00 am Announcements
8:15 am Plenary: Should Neonatal Transport Teams Attend Deliveries of High Risk “Outborn” Infants?
9:15 am Plenary: New Technologies for Transport: Innovation at Heart
10:15 am Break
10:30 am Panel Discussion: How Are We Doing: Let the Referring Physicians and Parents Tell All!
12:00 pm Closing Remarks and Adjournment
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/databaseTM.html.

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 is updated regularly. The information in the database is self-reported and not confirmed by staff or leaders within the Section.

The Pediatric Transport Database

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The Section on Transport Medicine

Affiliate
Transport Medicine Specialists!

http://www.aap.org/sections/transmed/ATMS/

Calling all nurses, respiratory therapists, physician assistants, paramedics and other non-physician personnel within SOTM!

The SOTM Affiliate Subcommittee will provide education to the membership in other areas of medicine including neonatology, critical care, emergency medicine, surgery, and trauma 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

- 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 MORE!

If you’re already a Section member and want to join the Subcommittee, contact Jan Romito, RNC, MSN, NNP, and SOTM Affiliate Subcommittee Founding Chairperson at janice_romito@pediatrix.com

To join the Section on Transport Medicine, visit the Section web site at http://www.aap.org/sections/transmed/.

Save the Date for the 08 AAP National Conference & Exhibition (NCE) in Boston, Oct 11-14 at the Hynes Convention Center with free pre-conference CME and social events happening Friday, Oct 10.

Learn MORE at www.AAPexperience.NCE.org and click on attendee. Get a first glance at 08 NCE sessions; click on attendee > education, and view sessions sorted by topic or format (dates, times, and faculty will be assigned shortly).
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) *While supplies last!*

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