AIR TRANSPORT OF WELL INFANTS BY NURSING STAFF

All infants that are transported by air will be transported in a manner that meets the infant’s and Civil Aviation Safety Authority’s safety requirements. Infants for inter-hospital transfer by air must be able to maintain temperature within normal limits in an open cot and not require continuous cardio-respiratory monitoring. An escort nurse is required for infants that require intragastric tube feeding and/or saturation monitoring during the transport.

- The escort nurse is to carry an appropriate sized Laerdal bag and mask, and mucous extractor on the transport.

- **For Qantas flights a ‘medical oxygen cylinder approval form’ to be completed and emailed to dg@qantas.com.au.** Form to be carried at all times by nurse escort. 

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- Infants requiring SaO₂ monitoring during transport are to be monitored using a small oximeter with adequate battery life. The consultant is to determine whether a hypoxia test is required, and whether supplemental oxygen is to be carried.

- A medical fitness-to-fly form has been completed and faxed to the airline >24hours prior to the scheduled departure. (This is required for any infant that has been hospitalised within 4 weeks of flying).

- Mothers accompanying the infant on a flight are to be informed that their luggage is restricted to what they are able to carry themselves; the nurse escort is unable to assist with carrying luggage.

- EBM needs to be transported in an esky with a freezer ice pack (not ice cubes).

On some occasions, due to flight schedules, it may be difficult to arrange for the nurse escort to accompany the infant from the destination airport to the receiving hospital. In these cases, the following options are to be investigated:

- Receiving hospital staff may receive the infant from the escort nurse at the destination airport and escort the infant back to the receiving hospital

- The infant may be sent with the accompanying parent from the destination airport to the receiving hospital by taxi, or transport provided by the receiving hospital. (The parent would be required to deliver the inter-hospital transfer letter and medical referral letter to receiving hospital staff).

- Either of these options are to be approved by the consultant medical officer, parent and receiving hospital staff.

- The consultant medical officer may approve parent-only escorts for air transport of stable infants (non-oxygen dependent, sucking most feeds) providing that the parent is willing to
transport the infant without a nurse escort AND the receiving hospital agrees to accept the parent-only escorted infant.