

Newcastle Neonatal Service Guidelines Moving ventilated infants on Ward 35

On occasion it is necessary to move ventilated infants between rooms. The decision to move infants is made by the nurse in charge. Once the decision has been made, the following procedure should be undertaken.

1. The nurse allocated to the baby being moved should ensure that the infant is stable enough to be moved and that a doctor is available if needed.
2. Nurses should be identified to help move the infant safely.
3. Any equipment to be moved should be identified and any non vital equipment should be moved by the nurses assisting.
4. Monitoring equipment should be left in situ until the last moment and reconnected as soon as the infant has been moved.
5. The nurse allocated to the baby should ensure that the oxygen cylinder attached to the incubator is full and that **the Tom Thumb blow off system is attached to the hand ventilation circuit and not directly to the piped oxygen**. She should then check that the peak pressure is the same as that being given by the ventilator. **THIS IS ESSENTIAL AND THE BABY SHOULD NOT BE DISCONNECTED FROM THE VENTILATOR UNTIL THIS IS DONE.**
6. When the equipment has been moved and the nurse caring for the baby is ready, the infant should be disconnected from the ventilator and hand ventilation should begin using the same rate and pressure given by the ventilator. The ventilator can now be moved to the new space and should be rechecked to ensure correct rate and pressures are being given.
7. The infant should now be moved, taking care not to dislodge any IV lines or the endotracheal tube.
8. Once moved the infant should be reconnected to the ventilator and monitoring recommenced.
9. The procedure and any problems should be accurately documented in the nursing notes.