



Checklist: Transfer to BCH and Perioperative Respiratory Care of Critically Ill infants requiring PDA Ligation or other Emergency Surgical Procedures

Purpose:

To standardize the planning and transfer procedure for critically ill newborns to BCH OR.

Care Coordination

- Discussion of plan and management with BCH and BWH teams to evaluate patient status in preparation for travel to the OR.
- Come to a consensus on when the best time would be for the patient to have an OR time slot.

Conventional ventilation trial for patients on HFV

- If the patient is on High Frequency ventilator, the clinical team should plan a trial of conventional ventilation on adequate settings not to exceed two hours in length. Depending on the OR time, this can be done right before the OR time slot, or at any time in the preceding 24-hour period.
- One blood gas should be obtained during the trial if BWH or anesthesia/surgical teams deem necessary.
- If OR time is delayed or postponed the patient will be switched to the most optimal mode of ventilation per the BWH team.

Successful Trial

- If patient is stable on conventional settings, the patient can travel to BCH for short term conventional ventilation procedure.
- Patient will be transported by BWH RT via neo puff, with RN, and MD (neonatology) present.

Transport Back to BWH from BCH OR

- MD (neonatology), RN and RT will accompany the patient back from BCH.
- RT will use neo puff on transfer back from BCH.



Unsuccessful Trial

- Failure of trial on conventional support will result in the patient being placed back on high frequency ventilation and the surgery will be postponed.
- A new plan will be discussed with team members of the BWH interdisciplinary team and BCH team.
- This may or may not include a new surgical date and a second trial time not to exceed two hours in length of conventional ventilation.

*Jointly developed by BWH Neonatology and BCH Cardiac Anesthesia*

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