



CLINICAL PRACTICE GUIDELINE
NEWBORN EMERGENCY TRANSPORT SERVICE (NETS WA)

Special Features of an Air Transport

This document should be read in conjunction with the [Disclaimer](#)




Specific Problems

- Altitude hypoxia.
- Gas expansion.
- Vibration/turbulence/noise.
- Temperature.

Special Considerations

- Be aware that the baby may need oxygen after take-off, so check availability and prepare for cot oxygen/oxygen via nasal prongs or to increase FiO_2 .
- Aircraft typically fly at around 25000 ft. At these higher altitudes there is less turbulence, better fuel efficiency and faster flying time. Cabin is normally pressurized to 6000-8000 ft. FiO_2 at this altitude is approximately 15%.
- Sea-level cabin can be considered in these instances: However, always discuss with the pilot, as flight time will be longer and more fuel may be needed.
 - Unstable baby with respiratory distress and high FiO_2 .
 - Babies with bowel obstruction/acute abdomen.
 - Babies with pneumothorax.
- A small pneumothorax on the ground may expand significantly at altitude. Consider placing a chest drain before departure from hospital or have equipment for an emergency needle aspiration ready.
- Protect the baby from noise and excessive motion during the transport. Attach ear muffs to reduce noise exposure.
- Position carefully and recheck adequacy of positioning during the flight, especially if the baby is muscle-relaxed.
- Ensure orogastric or nasogastric tube is inserted and properly fixed to the skin.

Discuss the current condition of the patient, possible problems, special considerations and emergency plans on the flight with the pilot and the Flight Nurse before take-off.

Document owner:	Neonatal Directorate Management Committee		
Author / Reviewer:	Neonatal Directorate Management Committee		
Date first issued:	August 2009		
Last reviewed:	1 st July 2017	Next review date:	1 st July 2020
Endorsed by:	Neonatal Directorate Management Committee	Date endorsed:	26 th September 2017
Standards Applicable:	NSQHS Standards: 1  Governance, 6  Clinical Handover, 9  Clinical Deterioration		
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