

# *Louisiana State Board of Nursing*

## **DECLARATORY STATEMENT ON THE REGISTERED NURSE TRANSPORTING CRITICALLY ILL NEONATES**

### **Preamble**

The Louisiana State Board of Nursing (hereafter the Board) takes the position that, in order to be responsive to the needs and safeguard the life and health of critically ill neonates, registered nurses who transport neonates from one hospital to another must be qualified to provide essential services prior to and during the transport. Safely transporting a critically ill neonate is a complex activity requiring the coordinated action of a number of professional persons from both the sending and receiving institutions. Incomplete or inaccurate assessment or omission of a single action in the necessary chain of activities may be detrimental to the neonate's health or survival.

### **Authority**

Pursuant to L.R.S. 49:963 and LAC 46:XLVII.3321, the Board is authorized to issue declaratory statements in response to requests for clarification of the effect of rules and regulations or of L.R.S. 37:911 et seq. as revised and amended.

### **Historical Perspective**

- On September 22, 1988, in response to the needs in Louisiana, the Board adopted a declaratory statement relative to transporting critically ill neonates. The declaratory statement was revised on May 16, 1996 to reflect the Board's opinion that by the year 2000 the neonatal Registered Nurse (RN) should have national certification as a neonatal nurse, (i.e. NCC high risk neonate or CCRN neonatal certification).

### **Key Principles**

- On February 19, 2015, the board members directed board staff to create an ad hoc committee to revise the Declaratory Statement on the RN Transporting Critically Ill Neonates to reflect current standards of practice.
- State-wide mortality transport statistics are related to the neonate's condition, inconsequential of the transporter.
- The system in which neonatal care is delivered has been and is continuing to change dramatically, as evidenced by:
  - increasing complexity and intensity of the needs of the critically ill neonate;
  - advanced medical technology and more complex technical advanced lifesaving procedures; and
  - technical advanced lifesaving procedures being performed by specifically educated and clinically trained RNs and Neonatal Nurse Practitioner (NNPs).
- Consensus was obtained on the rank order of the most qualified personnel on the neonatal transport team: neonatologist/pediatrician, NNP, and the neonatal (RN) performing additional acts approved by the Board.
- The neonatal RN who manages the nursing care for the critically ill neonate in transport is performing additional acts approved by the Board which is attained through specifically focused education and clinical experiences.

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### **Key Principles (cont'd)**

- The neonatal RN who participates on the critically ill neonate transport team should have at least three years' experience (within the last five years) in the neonatal intensive care unit (Price, Romito & Taylor, 2010).
- The neonatal RN who participates on the critically ill neonate transport team should have obtained at least a bachelor's of science nursing (BSN) degree and has ongoing documented knowledge, skills and abilities (Price, Romito & Taylor, 2010).
- Non-neonatal members of the transport team “are defined as those members who do not possess a minimum of three years' experience in a NICU setting within the last five years, but who may be involved in the transport arena. These members may include respiratory therapists, critical care or flight nurses, and paramedics or emergency medical technicians. If non-neonatal transport team members are expected to provide care to neonatal patients on transport, each institution providing transport services ensures that these team members are given an orientation based on predetermined criteria (as developed by the neonatal transport team medical director or neonatal transport team education coordinator) necessary to meet neonatal standards of care for the acuity level and technology level of the neonates they transport prior to participating in neonatal transport activities” (Price, Romito & Taylor, p. 2).
- Institution based comprehensive safety management systems are “developed and maintained to ensure safety throughout the transport process and in the event of an accident or incident” (Price, Romito & Taylor, 2010, p. 17).
- Institution based continuous quality improvement (CQI) processes are designed and implemented to systematically address transport team member fatigue and burnout.
- The NNP, neonatal transport RN and neonatal staff RN are identified as transport team members with expertise as determined by licensure, educational preparation, specific clinical experience with neonates, familiarity with the transport environment, and program policies/protocols (Price, Romito & Taylor, 2010). Members of the transport team have “extensive experience in the rapid performance of advanced clinical skills under less-than-ideal conditions” (Ohning, 2015, p. 3).
- The Commission on Perinatal Care and Prevention of Infant Mortality is “responsible for researching and reviewing all state laws, regulations, guidelines, policies, and procedures that impact perinatal care and, where appropriate, making recommendations to the legislature and secretary of the Department of Health and Hospitals (DHH). In addition, the commission is responsible for providing a plan that the state can adopt to reduce the number of teenage pregnancies, sick infants, and infant mortalities” (Louisiana, 2015, p. 1).
- The DHH mandates specific requirements relative to staffing in healthcare facilities.

### **Position Statements**

After due deliberation and in accordance with L.R.S. 37:911 et seq. as re-enacted and amended, the Board takes the following positions in order to safeguard the life and health of critically ill neonates:

- 1) That for each transport, the neonatologist determines the most qualified personnel to respond to the transport based on the condition of the neonate. Although the terms "stable versus unstable" are difficult to define with exact clinical parameters, the neonatologist is responsible and accountable for the decision making which determines the composition of the transport team.

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### **Position Statements (cont'd)**

- 2) That it is within the scope of practice for RNs to perform additional acts approved by the Board and to transport critically ill neonates when the said RN has the necessary knowledge, skills, and abilities as documented by:
  - a. completion of a critically ill neonate transport training/orientation/certification program “based on predetermined criteria (as developed by the neonatal transport team medical director or neonatal transport team education coordinator) necessary to meet neonatal standards of care for the acuity level and technology level of the neonates they transport prior to participating in neonatal transport activities” (Price, Romito & Taylor, 2010, p. 2). The training/orientation/certification program preceptor should be an experienced neonatologist, NNP or transport neonatal RN;
  - b. verification by a neonatologist, in a controlled setting (i.e. hospital unit), of the transport team member’s expertise, skills and competence, including specialized advanced technical life-saving skills “prior to, during and upon completion of the orientation program” (Price, Romito & Taylor, 2010, p. 2);
  - c. ongoing verification by supervisory personnel (designated by a neonatologist, neonatologist fellow or NNP) of the team member’s expertise, skills and competence, including specialized advanced technical life-saving skills.
- 3) That by October, 2016, any neonatal RN who participates on the critically ill neonate transport team should have at least three years of nursing experience (within the last five years) in a neonatal intensive care unit.
- 4) That by October, 2017, any neonatal RN who participates on the critically ill neonate transport team should have obtained at least a BSN degree.
- 5) That an institutional Continuous Quality Improvement (CQI) process should be designed and implemented to systematically:
  - a. monitor and evaluate the quality and appropriateness of patient care;
  - b. pursue opportunities to improve patient care;
  - c. resolve identified problems relating to the transport process in place;
  - d. address transport team member fatigue and burnout.
- 6) That an institutional comprehensive safety management program should be developed and maintained to ensure safety throughout the transport process and in the event of an accident or incident.
- 7) That approved specialized advanced technical life-saving skills may be performed during transport by the neonatal RN who has met initial and ongoing verification of expertise, skills and competence, including:
  - a. endotracheal intubation
  - b. application of nasal CPAP
  - c. oxygen administration
  - d. administration of nitric oxide
  - e. needle thoracotomy for tension pneumothorax
  - f. bag/mask ventilation
  - g. radial arterial sticks
  - h. venipuncture and intravenous access
  - i. peripheral venous cannulation
  - j. umbilical venous catheterization (emergency placement only)
  - k. intraosseous needle placement

*Note. Each transport team or agency may select the approved specialized advanced technical lifesaving skills appropriate to the agency's policy and ability to provide clinical training.*

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### **Position Statements (cont'd)**

- 8) That in order to maintain competency commensurate with the increasing complexity and technological advances relative to neonatal transport, the neonatal RN should have national certification specific to the patient population served, such as NCC Neonatal Intensive Care Nursing, NCC Neonatal/Pediatric Transport or CCRN Neonatal certification.
- 9) That licensed NNPs (who must be credentialed/privileged in this area by the employing institution) are valuable members of the transport team. Neonatal nurse practitioners are authorized to stabilize and perform advanced practice functions within their scope of preparation. In addition to those specialized advanced technical lifesaving skills that may be performed by the RN, the NNP may also:
  - a. perform surgical placement of a chest tube
  - b. initiate and maintain mechanical ventilation
  - c. perform umbilical arterial/venous catheterization
  - d. insert a percutaneous central venous catheter
  - e. insert a peripheral arterial line

### **Concluding Statement**

The RN is responsible and accountable for nursing functions related to the care of neonates assigned to said nurse. The decisions regarding this care are based on education and experience. The Board takes the position that the transport of critically ill neonates is a highly specialized practice requiring specialized advanced technical lifesaving skills which are gained and maintained through continued frequent performance. Therefore, the RN must be able to perform these skills frequently enough to maintain competency. The Board takes the position that it is not enough for the agency to provide initial education and training; the agency must also provide a consistent frequent opportunity to maintain clinical competency.

### **Sources:**

Louisiana Department of Health and Hospitals (2015). Commission on perinatal care and prevention of infant mortality. Retrieved June 30, 2015 from <http://wwwprd.doa.louisiana.gov/boardsandcommissions/viewBoard.cfm?board=223>.

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Ohning, B (2015). Transport of the critically ill newborn. *WebMD*. Retrieved June 30, 2015 from <http://emedicine.medscape.com/article/978606-overview>.

Price, W., Romito, J. & Taylor, R. (2010). Neonatal nursing transport standards: guideline for practice. 3<sup>rd</sup> ed., Glenview, IL: National Association of Neonatal Nurses.

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