

TAMC mobilizes neo-natal emergency infant care

By Mr. William F Sallette (Regional Health CommandPacific) June 3, 2016



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Tripler Army Medical Center staff make final adjustments to a ventilator carrying a very sick infant to a pediatric cardiologist in San Diego. *(Photo Credit: Mila French)* [VIEW ORIGINAL](#)

More than 250 infants are born at Tripler Army Medical Center every month, many who require no special treatment.

However, a small percentage of infants are born with difficulties that require specialized care, and they need to be transported to specialty clinics throughout the country.

TAMC is prepared and annually transports about six infants a year.

Recently, the TAMC staff conducted a difficult transport involving an infant who required a special type of gas called Nitric Oxide while being transported, and the TAMC staff had never needed to use the gas during a transport before.

Nitric Oxide is a special blend of gas used to assist in the oxygenation of blood by dilating the blood vessels for an easier transfer of oxygen to the blood.

"The infant's blood flow from the heart to the lungs was being impeded and regurgitating back into the heart," said Maj. Aaron Clark, neo-natologist with the Neo-Natal Intensive Care Unit. "The use of this gas allowed the doctors to lower the blood pressure in the lungs, which aided the blood from the heart to flow into the lungs where it could receive oxygen."

Once notified of this unique transport, Sgt. Matthew Mault and Sgt. Rebecca Proffitt, respiratory care specialists with the TAMC Respiratory Care Clinic, fashioned a plan to attach essential respiratory equipment to the transport ventilator.

"There is only so much room on the ventilator, and we aren't the only ones attaching things to it," said Mault. "The NICU has their equipment, and it is just a matter of figuring out where and how it will all go on, but we made it happen."

Infants usually require transport a week or more after birth. In this case it had to be done immediately.

"Since we don't usually transport infants so soon after birth, this trip was a little scary," said Proffitt. "It took a little while to get her stabilized in the transport ventilator, but once she was, she was perfect the rest of the trip."

Commonly, when a patient is transported to another facility, the crew, which includes a doctor, nurse and respiratory care specialist, accompany them. However, on this particular trip, the staff felt it was necessary to double that crew.

"The reason we doubled the crew ... was two-fold," said Clark. "The infant was very sick and an extra set of hands was definitely needed, but these transports aren't common, so it gave us an opportunity to train additional nurses and doctors on transport procedures."

This transport was unique: Within 24 hours the TAMC staff birthed a newborn, stabilized the infant, prepared a ventilator for transfer with a special type of gas and was in the air headed to see a specialist on the West Coast.

"We conducted training many years ago on this type of transport, but never had a patient that needed it," said Robert Berger, chief of Respiratory Care Services. "It was great seeing the team come together ... to research, build and then make this happen."