

STATE OF FLORIDA
DEPARTMENT OF HEALTH EMERGENCY MEDICAL SERVICES NEONATAL
INTERFACILITY VEHICLE INSPECTION FORM (SECTION 401.31, F.S.)

(Use in addition to inspection form DH 627 - BLS)

Service Name _____ Inspection Date ____/____/____ Unit No. _____

Inspection Codes:

- 1 = Item meets inspection criteria.
- 1A = Item corrected during inspection to meet inspection criteria.
- 2 = Items not in compliance with inspection criteria.

Rating Categories:

- 1 = Lifesaving equipment, medical supplies, drugs, records, or procedures
- 2 = Intermediate support equipment, medical supplies, drugs, records or procedures
- 3 = Minimal support equipment, medical supplies, records or procedures

NEONATAL INTERFACILITY EQUIPMENT AND MEDICATIONS

(Reference Section 64J-1.006, F.A.C.)

Chapter 64J-1.006, Neonatal Interfacility Transfers.

1. The neonatal ambulance defined in Section 64J-1.001(14), F.A.C., shall have exterior wording or marking which identifies that the ambulance is only for neonatal transport.

2. Any EMS provider operating a permitted neonatal ambulance for transporting neonates to a Level II or Level III Neonatal Intensive Care Unit shall contract with a neonatologist or have the hospital's staff neonatologist assigned as the provider's medical director.

3. RNs, RTs or paramedics assigned to the ambulance shall have the following qualifications:

- (a) American Heart Association Neonatal Resuscitation Program (NRP) Certification or equivalent.
- (b) Completion of neonatal stabilization program within 2 years of application to participate in neonatal transport as approved in writing by the Medical Director.
- (c) Accompany minimum of six neonatal transports prior to staffing a neonatal ambulance.
- (d) RNs shall have 4,000 hours of experience including 2,000 hours of Level II or III NICU experience.
- (e) RTs shall be registered with national Board of Respiratory Care with 2,000 hours of Level II or III NICU experience or be a certified RT with 3,000 hours of Level II or III NICU experience.
- (f) Paramedics shall have 2,000 hours of Level II or III NICU experience or 3,000 hours of paramedic experience.

4. Treatment protocols signed by the medical director.

ITEM	64J-1.006, Table IX	QTY.
1. Direct two-way communications with the designated neonatologist or attending physician and/or receiving ICU.		
2. A standby or backup power source other than the one contained in the isolette.		One.
3. A source of electrical power sufficient to operate the isolette and ancillary electrically powered equipment.		One.
4. A transport incubator with portable power supply, portable oxygen tanks or liquid oxygen, and a source of compressed air, including appropriate valves, meters, and fittings.		One.
5. Portable heart rate monitor with visual or audible display and alarm system.		One per patient.
a. Portable blood pressure monitor with assortment of cuff sizes suitable for infants.		One each.
b. Battery powered mechanical I.V. pumps capable of delivering as low as 1 cc. increments for I.V. fluids.		Two.
c. Battery or self-powered oxygen sensor and transcutaneous oxygen monitor or oxygen saturation monitor.		One.
d. Oxygen delivery device and tubing capable of administering high concentrations of oxygen.		One.
e. Temperature monitoring device.		One.
f. Portable ventilator appropriate for neonatal patients.		One.
g. Anesthesia and/or self-inflating bag with oxygen reservoir less than 750 ml. and manometer pressure gauge; premature newborn and infant size clear masks.		
h. Laryngoscope handle.		One.
i. Blades.		Miller 00, Miller 0, 2.0, 2.5, 3.0, 3.5, 4.0.
j. Bulbs and batteries.		Two each.
k. Endotracheal tubes.		Assortment of sizes.
l. Stylet.		Two each.
m. Adapters.		Assortment of sizes.
n. Oral Airways.		Assortment of sizes.
o. Suction equipment with low suction capabilities of less than 80 mm of hg.		One.

MEDICATION	WT/VOL	QTY.
1. Atropine Sulfate.	1 mg./10 ml.	One.
2. Injectable Vitamin K.	1 mg./0.5 ml.	One.
3. Antibiotics, to be determined by medical director.		
4. Calcium Gluconate.	10% - 10-ml.	One.
5. Digoxin ped.	0.1 mg./ml.	One.
6. Anticonvulsant as required by medical director.		
7. Dextrose.	50% 50 cc.	One.
8. Dopamine or dobutamine.	Depends of Medication.	One.
9. Epinephrine.	1:10,000	One.

Comments:

Person in Charge: _____ Date _____

Inspected by: _____ Date _____

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 (Reference Section 64J-1.006, F.A.C.)

10. Eye prophylaxis.		One.	
11. Furosemide (Lasix).	20 mg/2 ml.	One.	
12. Heparin.		One.	
13. Lidocaine.	1%/2 mg.	One.	
14. Naloxone (Narcan).	1.0 mg/ml. or .4 mg/ml.	One. One.	
15. Paralyzing agent.		One.	
16. Phenobarbital.	130 mg/ml.	One.	
17. Prostin VR. (available for transport)	500 mcg/ml.	One.	
18. Sodium Bicarbonate.	4.2% soln. 8.4% soln.	One. One.	
19. Sedative as determine by the medical director.		One.	
20. Volume expander.		One.	
21. Suction catheters Size 5.0, 6, 6.5, 8, & 10.		Two each.	
22. Syringes sizes 1 cc. through 60 cc.		Assortment of sizes.	
23. Medication access device.		Two each.	
24. Vascular access devices 23-27 gauge.		Assortment of sizes.	
25. Sterile Gloves assorted sizes.		Sufficient quantity for all crew members.	
26. I.V. fluid.	Bags of D5W and D10W	One each.	
27. I.V. extension tubing.		Sufficient length to administer I.V.	
28. Securing device.		Assorted sizes.	
29. I.V. filters.		Two.	
30. Umbilical catheters.	size 3.5 & 5	Two.	
31. Antiseptic solution.		Ten.	
32. Blood sugar device.		One.	
33. Lancets.		Five.	
34. Neonatal stethoscope.		One.	
35. Flashlight.		One.	
36. Gauze pads.			
37. No. 5 & No. 8 French feeding tubes.		One each.	
38. High intensity light capable of transillumination.		One.	
39. Approved biomedical waste plastic bag or impervious container and used sharps container per chapter 64E-16, F.A.C.		One each.	
40. Gloves - latex or other suitable materials.		Sufficient quantity for all crew members.	
41. Respiratory face masks.		Sufficient quantity for all crew members.	
42. Special procedure trays or instruments with capability for performing umbilical catheterization, venous cutdown and thoracostomy.			
43. Injectable non-preservative sterile water.		One.	
44. Injectable non-preservative normal saline.		One.	
45. Bulb syringe. (additional to OB kit)		One.	
46. Cord clamp.		One.	
47. Chest tube evacuation device.		One.	
48. Needle aspiration device or chest tubes.		Appropriate sizes for neonate.	

Comments:

I, the undersigned representative of the above service, acknowledge receipt of a copy of this inspection form, applicable supplemental forms and corrective action statement (if applicable). In addition, I am aware of the deficiencies listed (if any) and understand that failure to correct the deficiencies within the established time frames will subject the service and its authorized representatives to administrative action and penalties as outlined in Chapter 401, F.S. and 64J-1, F.A.C. Copy of inspection and Corrective Action Statement Received by (Person in Charge) _____ Date _____

Inspected by _____ Date _____