**Hospital Discharge Policy –Generic**

Policy Title: Discharge of Infants and Children - Car Seats and Safety Belts

Approved by:

Effective date:

Policy #:

Last revision date:

Policy:

* Infants and children will be secured in an appropriate car seat or if meet state requirements a vehicle seat belt.
* Parent/legal guardian will be given educational materials including state specific requirements regarding safe transport of infant or child.

Purpose: To provide for the safety of the infant/child at time of discharge.

Procedure:

1. Parent or guardian will be informed at the time of admission of state requirements for an appropriate car seat use upon discharge of the pediatric patient. Child passenger restraint requirements vary with age, weight and height of the child. State requirements are available at <www.codot.gov/safety/seatbelts-carseats/carseats>.
2. The hospital will provide education and educational material on infant and child car seat safety including state requirements. Education material may be provided during prenatal classes.
3. Education will be documented in the patient or mother’s medical record.
4. Parents are responsible for correctly placing and securing the car seat in the car and that securing the child is according to car seat manufacturer’s guidelines.
5. Parents will place the infant or child in the car seat.
6. Parents are responsible for securing the infant or child in the car seat when leaving the hospital.
7. Infant or child may (or may not) be discharged from the hospital without a car seat or belt. (Consider: Child Protective Services will be contacted when an infant or child is not placed in an appropriate car seat device)

**Hospital Discharge Policy – High Risk Infants**

TITLE: Car Seat Challenge in the Neonatal Intensive Care Unit (NICU), Cardiac Intensive Care Unit (CICU) and Cardiac Progressive Care Unit (CPCU)

PURPOSE: To establish guidelines for assessing an infant’s cardiorespiratory stability while seated in his car safety seat prior to discharge.

SCOPE / PERSONNEL: NICU, CICU and CPCU RNs, Clinical Assistants (CA) under RN supervision, Child Passenger Safety Technicians (CPST) under RN supervision, NNPs, MDs

GENERAL INFORMATION

1. Due to the unique, acute patient population in the NICU, all patients will have a car seat challenge performed prior to discharge.
2. Term infants up through their third month of life in the CICU and CPCU will also have a car seat challenge. Infants at risk for episodes for apnea, bradycardia or oxygen desaturation include infants with hypotonia, or infants who have undergone congenital heart surgery.
3. Premature infants who are discharged from intensive care nurseries are known to be at increased risk for apnea, bradycardia and oxygen desaturation while in the upright position. These small infants also do not fit securely in standard infant car seats.
4. Other NICU patients may also present risk for apnea, bradycardia and desaturation as a result of conditions such as gastro-esophageal reflux disease (GERD), hypotonia, neurologic and genetic abnormalities, airway malformations, and chronic lung diseases which may require home oxygen therapy.
5. Because of these problems the American Academy of Pediatrics (AAP) recommended a period of observation in a car safety seat before hospital discharge for each infant born at less than 37 weeks gestation (regardless of whether the infant requires special care and/or oxygen) to monitor for possible apnea, bradycardia, or oxygen desaturation.
6. A “car seat” (also known as a child safety seat) is a child passenger restraint that is labeled as meeting Federal Motor Vehicle Safety Standard 213.
7. A “car bed” is a child passenger restraint which is used for an infant or neonate who must lie prone or supine and labeled as meeting Federal Motor Vehicle Safety Standard 213.

PROCEDURE:

1. Place infant in his personal car safety seat in a supine position with straps securely in place. Previous car seat fitting and strap adjustment will have been completed with the assistance of a CA or CPST.
2. Blanket rolls may be required to assist with head stability and maintenance of midline position in the smaller preterm infant (\*compliant with the current National Highway Traffic Safety Administration (NHTSA) guidelines).
3. The car seat challenge will be performed up to 72 hours prior to discharge and preferably not on the day of discharge. This will allow for interventions in case the infant does not pass (e.g. retest the following day, retest in a different car seat or car bed).
4. Attempt to test the infant after a feeding when he can be undisturbed.
5. Cardiac respiratory monitor and pulse oximeter need to be in place and functioning well prior to initiation of the car seat challenge.
6. Evaluate heart rate, respiratory rate, oxygen saturation and infant state for a period of 90 minutes, entering recordings every 10 minutes or more often as indicated.
7. Goal monitoring parameters during the study:
	1. HR greater than 100 or as defined by physician
	2. Oxygen sat greater than 85 or as defined by physician
	3. Absence of apnea (lack of breathing longer than 20 seconds)
8. If the infant does not meet above monitoring parameters, RN will discuss study results with physician or NNP. Follow-up options include retest the next day or retest in a different car seat or car bed if indicated.
9. Document this data on the electronic medical record (EMR) flow sheet “Saturation Challenge” which can be found under the pull down in Doc. Flow sheet. Select “Car Seat Challenge” from the pull down menu under type of challenge.

REFERENCES:

* American Academy of Pediatrics. Committee on Injury, Violence, and Poison Prevention and the Committee on Fetus and Newborn. Safe transportation of preterm and low birth weight infants at hospital discharge. Pediatrics. 2009 May; 123(5):1424-1429.
* American Academy of Pediatrics. Committee on Injury and Poison Prevention. Transporting children with special health care needs. Pediatrics. 1999 Oct; 104:988-992.
* Cerar LJ, Scirica CV, Gantar IS, et al. A comparison of respiratory patterns in healthy term infants placed in car safety seats and beds. Pediatrics. 2009 Aug; 124(3):e396-e402.
* Cote A, Bairam A, Deschenes M, Hatzakis G. Sudden infant deaths in sitting devices. Archives of Disease in Childhood. 2008 May; 93(5):384-389.
* Federal Motor Vehicle Safety Standards and Regulations. U.S. Department of Transportation. National Highway Traffic Safety Administration.
* Kinane TB, Murphy J, Bass JL, Corwin, MJ. Comparison of respiratory instability of term and near-term healthy newborn infants in car safety seats. Pediatrics. 2006; 118(2):522-527.
* King, Ann, RN, CPN, CPSTI, STACI. Presentation: Car Seat Challenge: Where is Your Challenge? Kidz in Motion National Child Passenger Safety Conference. August 2007.
* Merchant JR, Worwa C, Porter S, et al. Respiratory instability of term and near-term healthy newborn infants in car safety seats. Pediatrics. 2001 Sept; 108(3):647-652.