

20-3, B). Both of these holds leave the nurse's other arm free for activity. The infant also can be held in the upright position with the buttocks on the nurse's forearm and the front of the body resting against the nurse's chest. The infant's head and shoulders are supported by the nurse's other arm in case the infant moves suddenly (see Fig. 20-3, C). Older infants are able to hold their heads erect but are still subject to sudden movements.

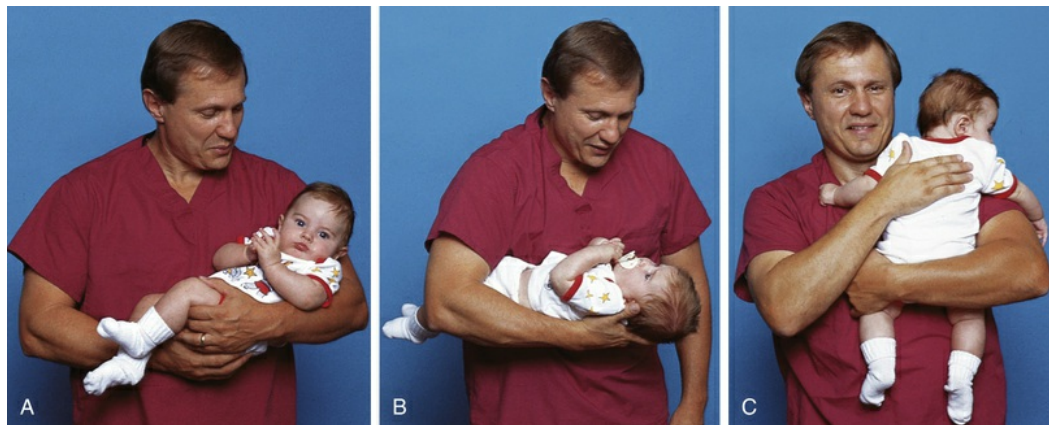


FIG 20-3 Transporting infants. **A**, The infant's thigh firmly grasped in the nurse's hand. **B**, Football hold. **C**, Back supported.

The method of transporting children depends on their age, condition, and destination. Older children are safe in wheelchairs or on stretchers. Younger children can be transported in a crib, on a stretcher, in a wagon with raised sides, or in a wheelchair with a safety belt. Stretchers should be equipped with high sides and a safety belt, both of which are secured during transport.

Special care is needed in transporting critically ill patients in the hospital. Critically ill children should always be transported on a stretcher or bed (rather than carried) by at least two staff members with monitoring continued during transport. A blood pressure monitor (or standard blood pressure cuff), pulse oximeter, and cardiac monitor/defibrillator should accompany every patient (Warren, Fromm, Orr, et al, 2004). Airway equipment and emergency medications should accompany the patient.

Restraining Methods