

#### IV. 1.05 -RCNIC Angle Tolerance Test Guidelines - revised 4/08

1. All infants meeting one of the following criteria will receive an Angle Tolerance Test (ATT) prior to discharge:

- gestational age less than 37 weeks and/or weight less than 2500 grams.
- requiring oxygen supplementation or off O<sub>2</sub> less than 1 week.
- infants with airway diagnoses including trachs
- other medical conditions which place infant at high risk for apnea or desaturations.

(Those infants with hyperbilirubinemia or those whose hospital stay is less than 3 days and gestational greater than 37 weeks do not need an ATT).

2. ATT will be done within 7 days prior to discharge.
3. ATT flow sheet will be used to monitor and record patient data.
4. Data will be collected and recorded by an RN/RT.
5. Record infant's diagnoses, age, weight, and time/mode of last feeding on ATT flow sheet.
6. Infant will be monitored in the car seat they will be discharged in.
7. Infant will be positioned in car seat following manufacturer's recommendations. Blanket rolls may be used to position infant to prevent head lag.
8. Car seat retainer clip should be positioned on infant's chest. Infants should be reclining at 45 degree angle during ATT.
9. Infant will be placed on cardiopulmonary monitor and pulse oximetry (when indicated).
10. Infants will be monitored for one hour, if travel time home is greater than one hour advise parents to stop and remove baby from car seat for a short break hourly.
11. Record appropriate vital signs when first positioned in car seat and every 30 minutes until challenge completed.
12. Monitor infant's skin color, respiratory effort and activity level and record on ATT flow sheet when first positioned in car seat and every 30 minutes until challenge completed.
13. ATT will be discontinued and assessed as FAILED for one or more of the following infant parameters:
  - Heart rate drop of 30 beats below baseline for more than 20 seconds.
  - Apnea for more than 20 seconds
  - Persistent labored respirations
  - Dusky colored skin accompanied by pulse oximetry reading 10-20 below baseline for more than 20 seconds.
14. In the event of apnea, bradycardia and/or desaturations clinical stimulation, repositioning, oxygen and other appropriate interventions should be performed and recorded on ATT flow sheet.
15. RN will indicate whether infant has passed or failed and then sign ATT form.
16. **All failures must be reported to infant's MD/NNP.**
17. If infant fails MD/NNP must sign form after interpreting results.
18. When failure occurs infant should be re-tested after 24 hours from failure.
19. Notify the care managers and the certified child passenger safety technician of **all** failures.
20. Completed ATT flow sheet will be placed in patient's medical record.

## REFERENCES

American Academy of Pediatrics (AAP) Committee on Injury and Poison Prevention. Safe transportation of newborns at hospital discharge. *Pediatrics*. 1997; 104 (4) 486-487

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Pilley E, McGuire W. Pre-discharge "car seat challenge" for preventing morbidity and mortality in preterm infants. *Cochrane Database of Systematic Reviews* 2006, Issue 1. Art. No.: CD005386. DOI: 10.1002/14651858.CD005386.pub2

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