

# **NHS** Children's Acute Transport Service



## Clinical Guidelines

# Transport Considerations when Transfer Undertaken by local DGH Team

### Document Control Information

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## Assessment

The CATS consultant and the responsible DGH consultant must perform an individual risk assessment to determine if the transfer is time-critical (i.e. the benefits of a rapid transfer by the local team outweigh the risks of non-specialist transfer) or not.

**Staff most familiar with inter-hospital transfer and capable of managing the airway should perform the transfer. This will usually be a member of the anaesthetic team from the referring hospital.**

## Initial Stabilisation

Initial stabilisation must be undertaken at the local DGH prior to transfer.

Pre transport considerations;

1. Airway is secure, ETT position on CXR.
2. Breathing: ventilation is adequate as confirmed by blood gas and that ETCO<sub>2</sub> monitoring is in place.
3. Circulation: adequate fluid resuscitation has been given and that there is sufficient, working IV or IO access.
4. Disability: check blood glucose, pupils and/or other focal neurological signs.
5. Family needs to be updated.
6. Communication with the receiving PICU via CATS re estimated time of arrival and initial requirements.

## Transport Considerations

Mandatory monitoring during transfer should include: ECG, SpO<sub>2</sub>, blood pressure (non invasive or invasive) and end tidal CO<sub>2</sub>.

Child should be sedated (morphine and midazolam infusions) and muscle relaxed for the transfer.

Emergency fluid and vasoactive drugs should be available.

## CHECKLIST FOR TRANSFER OF CHILDREN BY THE LOCAL DGH TEAM

Please Print

**Appropriate staff identified**


**Local ambulance service notified**

State 'Time Critical Emergency Patient Transfer'

Expect ASAP response time

**Essential equipment**

Ensure ETT well secured/good position/no leak.

Airway bag (tape, face mask, T piece, ambubag, ETT, laryngoscopes, scissors)

Drug bag (Fluid boluses, resuscitation drugs)

Ventilator and sufficient oxygen

Infusion pumps (sedation, muscle relaxant, vasoactive infusions)

Run continuous infusions of sedation and muscle relaxant

Ensure adequate venous +/- arterial access

Prepare and connect inotropes ready to commence if required


**Adequate monitoring**

ECG

SpO<sub>2</sub>

Blood pressure (NIBP cuff or arterial)

End tidal CO<sub>2</sub>


**Physiological targets**

SpO<sub>2</sub> >95%

Mean BP = age appropriate target

End tidal CO<sub>2</sub>: 4-5 kPa

Sedation and paralysis


