



Clinical Guidelines

Transport considerations when transfer undertaken by local team

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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.

CATS will not normally transfer neurosurgical emergencies, any time critical surgical abdomen or neonatal patient. Penetrating trauma should be referred to the local major trauma centre.

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 ETCO₂ 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, SpO₂, blood pressure (non invasive or invasive) and end tidal CO₂.

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

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Local ambulance service notified

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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

SpO₂

Blood pressure (NIBP cuff **or** arterial)

End tidal CO₂

Physiological targets

SpO₂ >95%

Mean BP = age appropriate target

End tidal CO₂: 4-5 kPa

Sedation and paralysis
