

Preparing the critically ill adult patient for interhospital transfer



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Introduction

The reorganisation of health services and the delivery of the 'hub and spoke' Model of Care for Critical Care necessitates transfer of critically ill patients between hospitals. In Ireland, in excess of 1000 adult and 450 paediatric critical care inter hospital transfers occur per annum. Transporting critically ill patients is associated with increased mortality and morbidity. Risk may be minimised by adequate planning, appropriate teams, training and task appropriate equipment. and there is evidence that an organised approach to transfer reduces clinical incidents.

Aims

To introduce a systematic approach to patient management when transporting critically ill patients, which establishes a higher level of performance, reduces cognitive dissonance, provides a framework for clinical teams and reduces the potential for human error.

Equipment

Rationalise medications and infusions to only those necessary during transport. All equipment secured to critical care transport trolley, ideally below the patient. Adequate battery and oxygen supplies for the journey with a 100% safety factor.

Packaging

- Pack patient in layers:
 - "Dirty" lower layer catheter, drains, ECG leads.
 - "Clean" upper layer infusions, arterial line
- Ventilator tubing external.
- Vacuum mattress as routine, even for non spinal injured patients.
- SpO2 probe and IV access accessible

Conclusions

A systematic approach to preparation for transporting critically ill patients establishes a common model of care for these patients nationally. This method has been taught on over 50 outreach courses to date for hospital and NAS staff.



References

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Patient Assessment

Systematic assessment of patient condition, physiology, supports and medications using a standardised checklist.

	CHECKLIST
Airway:	Secure
	CXR confirmed
Ventilation:	Ventilation established HME filter
	ABGS
Oxygen Requirement: MV x FiO2 x (journey time in mins),	
	x 2 (safety factor) = O2L needed
	() × () × () mins × 2 = L
	Sufficient O ² for journey
CVS:	HR, BP optimised Tissue / organ perfusion
	Bleeding controlled Blood volume restored
	Hb adequate
	Arterial line CVC
Neuro:	Seizures controlled Metabolic cause excluded
	Increased ICP managed Sedated / paralysed
Trauma:	Cervical spine protected Pneumothoraces drained
	Thoraco/abdominal bleeding investigated / controlled
	Intra abdominal injuries investigated/
	Long bone/pelvic fractures stabilised
	Chest drains unclamped
Metabolic	Blood Glucose >4mmol/L K+ < 6 mmol/L
Monitoring	ECG BP SaO2 ETCO2 Temp
	Patient ID band attached
	Stable on trolley Equipment secured
	Infusions running, labelled
	Adequately sedated / paralysed
	Wrapped to prevent heat loss
	Received appropriate handover
	Adequate clothing
Equipment	Fully equipped ambulance
	Drugs/equipment as per checklist
	Transport Bag Batteries checked (with spares)
Organisation	Case notes Radiology Blood results
	Bed secured Receiving consultant consulted
	NOK informed NAS informed
	Contact Receiving Unit before departure
	Discharge summary + Letter
Departure	Trolley secured Connected to ambulance power
	Ventilator transferred to ambulance O2
	All equipment secured Staff seated, seat belts