

Time Critical Pre-Departure Checklist

Child with acute myocarditis/cardiomyopathy

To be completed by referring team prior to departure

Contact with the accepting PICU intensivist via

1800 222 378 for advice during transfer

Airway / Ventilation Considerations

Intubated Child:

Appropriate Sized ETT & NGT well secured

CXR performed & ETT & NGT position reviewed

ETCO₂ & O₂ sats visible on transport monitor targeting ETCO₂ 4.5-6Kpa & Sats 94-98%

Appropriately sized ETT suction catheters available (uncuffed ETT size x2 = Catheter French) i.e. 3.5 cuffed ETT has same internal diameter as a 4.0 uncuffed ETT ∴ (4 x 2) = 8 F suction catheter

Child on NIV/HFNCC:

NGT inserted and attached to bile bag for drainage

Appropriate size intubation equipment available for transfer

HFNCC: Suggest 2L/Kg/min ≤15Kg. 30L/min >15Kg

CPAP: Suggest starting at low PEEP 3/4cmH₂O for tolerance and inc. as required to PEEP of 5-7cmH₂O

Please ensure a blood gas (cap/venous/arterial) is measured once on transport ventilator
Please use the IPATS oxygen calculator to ensure sufficient oxygen for the transfer



Circulation Considerations

It is always recommended that cardiac arrest medications are brought in addition to, and kept separate from, those suggested below

Working Vascular Access x2 (IV/IO)

Continuous ECG monitoring on transport monitor

NIBP set to auto q3-5min if no art line
Please do not delay transfer for art line insertion

Individualised approach to BP management. Discuss targets with PICU/Cardiology before departure

Maintenance & rescue fluid available

Adrenaline and milrinone infusions prepared and connected to patient even if not immediately required.

If on Adrenaline – call PICU re additional inotrope to prepare– likely Noradrenaline

Push dose pressors: (to correct hypotension)

Choice & dose at discretion of medically responsible consultant. Caution recommended with use of pure alpha agonists in this context – adrenaline usually first line.

1. Adrenaline **1:100,000**
Add 1ml Adrenaline 1:1,000 to 99ml NS = 10mcg/ml solution (label clearly)
Dose - 0.1ml/kg = 1mcg/kg per dose

2. Ephedrine diluted to conc. of 3mg/ml
Dose – 1-12yr = 500mcg/kg
Dose - >12yr = 3-7.5mg

3. Phenylephrine 100mcg/ml
Dose - >1mo - 12yrs = 5-20mcg/kg
Dose - >12yrs = 100-500mcg/kg

Additional useful drugs to bring: Doses in green box on prev. page

- Calcium gluconate
- Furosemide

Sedation / Neurosurgical Considerations

Tolerance of NIV or procedural sedation:
If required, intermittent fentanyl 0.5-2mcg/kg or ketamine 0.25-0.5mg/kg can be administered. Low dose infusions of same are also generally well tolerated if required

Intubated Children:
Morphine 20mcg/kg/hr + midazolam 2mcg/kg/min suggested starting doses

Suggested bolus CNS medications for transfer

Use & dose at discretion of medically responsible consultant.

Due to reduced cardiac output, please titrate doses and allow additional time for metabolism and eventual effect.

Have push dose pressor of choice available when administering any sedation bolus

Recommended drugs for intubation include:
Ketamine 0.5-1mg/kg (titrated/repeated to effect)
Rocuronium 0.6-1.2mg/kg
+/- Fentanyl 1-2mcg/kg (titrated/repeated to effect)

Avoid propofol/inhaled anaesthetic agents in all ages in this condition