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

IPATS Irish Paediatric Acute Transport Service

CCRS Critical Care & Retrieval Services

Airway / Ventilation Considerations

Intubated Child:

- Appropriate Sized ETT & NGT well secured ☐
- CXR performed & ETT & NGT position reviewed ☐
- $ETCO_2$ & O_2 sats visible on transport monitor targeting ETC02 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 3/4cmH_20 for tolerance and inc. as required to PEEP of 5-7cmH_20 ☐

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 ☐

- If patient is already on an inotrope – discuss with PICU re additional inotrope to bring on transfer ☐

Push dose pressors: (to correct hypotension) ☐
Choice & dose at discretion of medically responsible consultant.

1. Adrenaline **1:100,000**
   Add 1ml Adrenaline 1:1000 to 100ml NS = 10mcg/ml solution (label clearly)
   Dose - 0.1ml/kg = 1microgram/kg per dose
2. Ephedrine diluted to conc. of 3mg/ml –as per Clinibee:
   Dose – 1-12yr = 500micrograms/kg
   Dose - >12yr = 3-7.5miligrams
   IPATS Suggestion: Doses 100-200mcg/kg up to 3-6mg typically sufficient – Titrate with great care
3. Phenylephrine 100mcg/ml - as per Clinibee:
   Dose - >1mo - 12yrs = 5-20micrograms/kg (max 500mcg)
   Dose - >12yrs = 100-500micrograms
   IPATS Suggestion: Doses 1-2mcg/kg up to 50-100mcg typically sufficient – Titrate with great care

Sedation / Neurosurgical Considerations

Tolerance of NIV or procedural sedation: ☐
If required, intermittent fentanyl 0.5-1mcg/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

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

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)