Time Critical Pre-Departure Checklist

Child with ROSC following arrest

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

- Appropriate Sized ETT well secured with spare intubation set available ☐
- NGT inserted and attached to bile bag for drainage ☐
- CXR performed and ETT & NGT position modified if required ☐
- Vent set to achieve 6-8ml/kg/min Tv + RR to keep $ETCO_2$ in target. PEEP typically set to $5cmH_20$ ☐
- Patient in midline and elevated to 30° – 45° for transfer ☐
- Blood gas (cap/ven/art) checked once on transport ventilator. Blood glucose reviewed. ☐
- $ETCO_2$ in ventilation circuit and visible on transport monitor – targeting 4.5-6Kpa ☐
- Oxygen titrated to achieve 0_2 sats between 94-98% - avoid hypoxia AND hyperoxia ☐
- 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 ☐
- Maintain normothermia – monitor core body temp

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 art line unavailable ☐
- Maintain **minimum systolic BP/MAP ≥** 5th centile – see page 1 of guide for table ☐
- Rescue fluid available – 0.9% Saline ☐
- Have first line inotrope prepared and connected to patient ☐
- Ensure patient has defib pads in place & team have reviewed dose/defib use ☐
- 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 99mlNS = 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
1. Phenylephrine 100mcg/ml
   Dose - >1mo - 12yrs = 5-20mcg/kg
   Dose - >12yrs = 100-500mcg/kg

Sedation / Neurosurgical Considerations

Post intubation sedation:
In view of likely myocardial depression & simultaneous need for deep sedation for neuroprotection we recommend:

Morphine 20-40mcg/kg/hr **AND**
Midazolam 2-5mcg/kg/min **AND**
Intermittent/continuous muscle relaxant ☐

Suggested bolus CNS medications for transfer

Use & dose at discretion of medically responsible consultant.
Dose titration recommended if haemodynamically unstable

1. Ketamine 0.5-2 mg/kg
2. Rocuronium - 0.6-1.2 mg/kg
3. Lorazepam Dose 0.1mg/kg max 4mg for seizures
4. Fentanyl 1-2mcg/kg

We recommend avoiding propofol/inhaled anaesthetic agents in all ages in this condition due to high risk of myocardial depression