

# 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

### 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<sub>2</sub> in target. PEEP typically set to 5cmH<sub>2</sub>O ☐

Patient in midline and elevated to 30° – 45° for transfer ☐

Blood gas (cap/ven/art) checked once on transport ventilator. Blood glucose reviewed. ☐

ETCO<sub>2</sub> in ventilation circuit and visible on transport monitor – targeting 4.5-6Kpa ☐

Oxygen titrated to achieve O<sub>2</sub> 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** ≥ 5<sup>th</sup> 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 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 = 3-7.5milligrams

**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

#### 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**