

Time Critical Pre-Departure Checklist

Child with Elevated ICP/Blocked VP shunt

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	<input type="checkbox"/>	Blood gas (cap/ven/art) checked once on transport ventilator. Blood glucose reviewed.	<input type="checkbox"/>
NGT inserted and attached to bile bag for drainage	<input type="checkbox"/>	ETCO ₂ in ventilation circuit and visible on transport monitor – targeting 4.5-5Kpa	<input type="checkbox"/>
CXR performed and ETT & NGT position modified if required	<input type="checkbox"/>	Oxygen titrated to achieve O ₂ sats between 94-98% - <u>avoid hypoxia AND hyperoxia</u>	<input type="checkbox"/>
Vent set to achieve 6-8ml/kg/min Tv + RR to keep ETCO ₂ in target. PEEP typically set to 5cmH ₂ O	<input type="checkbox"/>	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	<input type="checkbox"/>
Patient head in midline and elevated to 30° – 45° for transfer	<input type="checkbox"/>	Maintain normothermia – monitor core body temp	<input type="checkbox"/>

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)	<input type="checkbox"/>	If patient is already on an inotrope – discuss with PICU re additional inotrope to bring on transfer	<input type="checkbox"/>
Continuous ECG monitoring on transport monitor	<input type="checkbox"/>	Push dose pressors: (to correct hypotension) Choice & dose at discretion of medically responsible consultant.	<input type="checkbox"/>
NIBP set to auto q3-5min if art line unavailable	<input type="checkbox"/>	1. Adrenaline 1:100,000 Add 1ml Adrenaline 1:1000 to 100ml NS = 10mcg/ml solution (<u>label clearly</u>) Dose - 0.1ml/kg = 1microgram/kg per dose	
Maintain minimum systolic BP 0-10yr = [70mmHg + (age in years x2)] >10yr old = ≥90mmHg	<input type="checkbox"/>	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 – <u>Titrate with great care</u>	
Rescue fluid available – 0.9% Saline	<input type="checkbox"/>	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 – <u>Titrate with great care</u>	
Noradrenaline infusion prepared and connected to patient (if in use dose range is 0.02mcg/kg/min to 0.2mcg/kg/min)	<input type="checkbox"/>		

Sedation / Neurosurgical Considerations

Deep sedation required:		Suggested bolus CNS medications for transfer	
• <2yr or haemodynamically unstable	<input type="checkbox"/>	Osmotic agents:	
Morphine 20-40mcg/kg/hr AND		3% Saline (3-5ml/kg per dose) OR Mannitol 0.25-1.5gm/kg per dose. Suggest bringing minimum of 2 doses of either medication per patient.	
Midazolam 3-5mcg/kg/min			
• >2yr and haemodynamically stable	<input type="checkbox"/>	Anaesthetic agents: Use & dose at discretion of medically responsible consultant.	
Propofol 3-5mg/kg/hr +/-		1. Ketamine 0.5-2 mg/kg / Fentanyl 1-2mcg/kg	
Remifentanyl 0.1 – 0.2mcg/kg/min		2. Rocuronium - 0.6-1.2 mg/kg	
• Intermittent/continuous NMB blockade	<input type="checkbox"/>	3. Propofol 1-2 mg/kg	
		4. Lorazepam Dose 0.1mg/kg max 4mg for seizures	