

# 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 <sub>2</sub> 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 <sub>2</sub> 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 <sub>2</sub> in target. PEEP typically set to 5cmH <sub>2</sub> 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 already on Noradrenaline – discuss with PICU re additional inotrope to bring on transfer – likely Adrenaline/Vasopressin	<input type="checkbox"/>
Continuous ECG monitoring on transport monitor	<input type="checkbox"/>		<input type="checkbox"/>
NIBP set to auto q3-5min if art line unavailable	<input type="checkbox"/>	<b>Push dose pressors:</b> (to correct hypotension) Choice & dose at discretion of medically responsible consultant.	<input type="checkbox"/>
Maintain <b>minimum systolic BP</b> 0-10yr = [70mmHg + (age in years x2)] >10yr old = ≥90mmHg	<input type="checkbox"/>	1. Adrenaline <b>1:100,000</b> Add 1ml Adrenaline 1:1000 to 99ml NS = 10mcg/ml solution ( <u>label clearly</u> ) Dose - 0.1ml/kg = 1mcg/kg per dose	
Rescue fluid available – 0.9% Saline	<input type="checkbox"/>	2. Phenylephrine 100mcg/ml Dose - >1mo - 12yrs = 5-20mcg/kg Dose - >12yrs = 100-500mcg/kg	
<b>Noradrenaline infusion</b> prepared and connected to patient (if in use dose range is 0.02mcg/kg/min to 0.2mcg/kg/min)	<input type="checkbox"/>	3. Ephedrine diluted to conc. of 3mg/ml Dose – 1-12yr = 500mcg/kg Dose - >12yr = 3-7.5mg	

### Sedation / Neurosurgical Considerations

<b>Deep sedation required:</b>		<b>Suggested bolus CNS medications for transfer</b> Use & dose at discretion of medically responsible consultant. Dose titration recommended if haemodynamically unstable	
• <2yr <b>or</b> haemodynamically unstable Morphine 20-40mcg/kg/hr AND Midazolam 3-5mcg/kg/min	<input type="checkbox"/>	1. Ketamine 0.5-2 mg/kg	
• >2yr <b>and</b> haemodynamically stable Propofol 3-5mg/kg/hr +/- Remifentanyl 0.1 – 0.2mcg/kg/min	<input type="checkbox"/>	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	
		5. Fentanyl 1-2mcg/kg	