

Transport of the critically ill patient

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Transport of the critically ill patient

Interhospital and Intrahospital transport places the critically ill patient at risk of adverse events and increased morbidity and mortality.

Risk minimization involves consideration of the following questions:

Who should accompany the patient ?

What equipment is needed ?

Has the equipment been checked and is it working ?

What specific problems may occur during transport ?

What is the transport plan ?

Dokumentation ?

Transport of the critically ill patient

Basic requirements are similar for intra- and interhospital transport

Interhospital transport may require more careful planning

Critical ill patients should only be transferred, if the transfer results in a higher level of care

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Transport of the critically ill patient

- ***Personel***
- at least 2 appropriately trained staff (doctor + nurse)
- unstable patients need a higher level of expertise
- proper handover from referring doctor to transfer doctor to the recieving facility doctor
- clear chain of responsibility throughout the transport

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Transport of the critically ill patient

- ***Equipment and drugs***
 - adequate in amount for the transport
 - emergency drugs available
 - specific drugs if needed (anibiotika, aniarrhythmics)
- Respiratory support equipment
- Circulatory support equipment
- Drugs

Transport of the critically ill patient

- ***Pre-departure check***
- the more stable the patient is prior to transport the better, but this needs to be balanced against the advantages of the better facilities in the receiving hospital
- Secure i.v. access and catheters
- check ET-tube
- assess stability of the patient
- take notes and images, make yourself familiar with history, condition and special requirements to be able to anticipate problems

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Transport of the critically ill patient

- *Always reassess the patient immediately prior to leaving using:*
- *A airway*
- *B breathing*
- *C circulation*
- *D drugs*
- *E equipment*

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Transport of the critically ill patient

- ***Equipment***

- make yourself familiar with it
- ensure adequate battery power and back up
- check that gas cylinders are filled, ensure 30 min extra reserve
- check that you have enough i.v. Fluids
- empty drainage bags if appropriate

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Transport of the critically ill patient

- ***Transport plan***
- what are the patients special requirements ? (PEEP ?)
- is the transport team fully aware of their responsibilities ?
- Is the receiving facility well informed and prepared to accept the patient ? Communication channels ? Mobile phone ?
- Specific transport conditions ? Vehicle, road, weather, distance, intracranial air
- have you checked the route ? Local site geography
- after arrival, has the receiving team adequately taken over management of the patient ?

Transport of the critically ill patient

- **Documentation** IMET2000-PAL
- summarize the patients status before, under and after the transport
- Documentation reminds the team to systematically check monitoring and patient status and helps to identify trends in the patients condition earlier

Transport of the critically ill patient

The conduct of transportation

imagine it as a mobile, but seamless continuation of the ICU environment

the most basic objective of ICU care is monitoring of physiology and conduct of organ support

Close clinical observation, supplemented by appropriate monitoring devices

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Transport of the critically ill patient

- Patient monitoring as in ICU with
- Sats, ECG, invasive or non-invasive BP, capnography, respirator parameters
- monitoring of oxygen supply

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Transport of the critically ill patient

As mentioned earlier, transport of the critically ill patient should be seen as a continuation of ICU therapy under transport conditions

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