



Organising your PETS transfer

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Paediatric Emergency Transport Service

Who are PETS - really?



ICU Registrar	461
ICU Consultant	4
ICU Nurse	442
MICA Paramedic	6
Air Ambulance Paramedic	5
No ICU Nurse or Air Ambulance/MICA Paramedic	14
Unknown	0

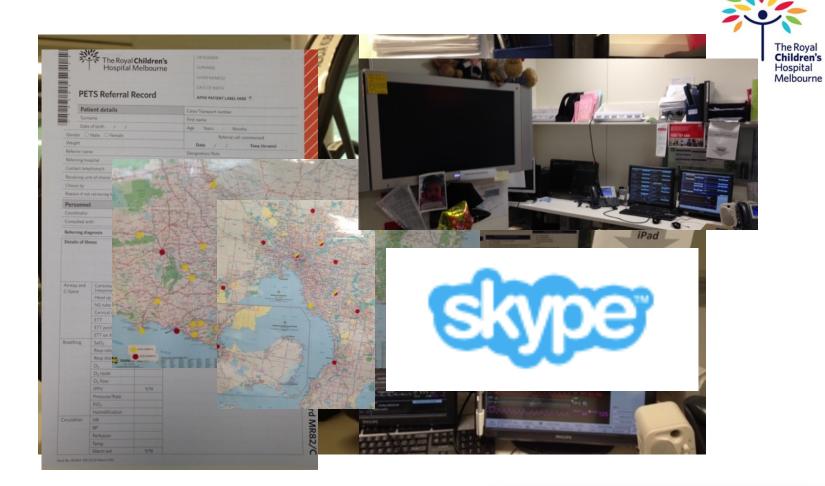












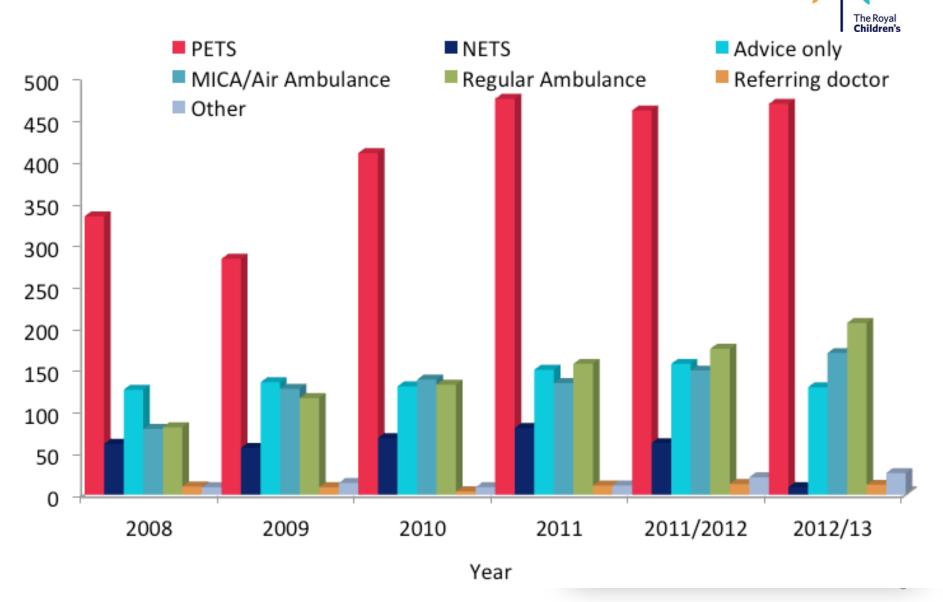


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research and



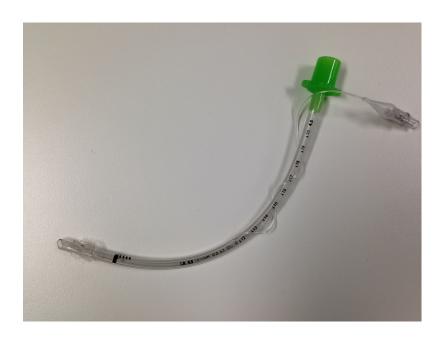
What does PETS do?



Why would I need them?



Adenoidectomy/Tonsillectomy	1
Anaphylaxis	5
Trauma - Head	19
Retropharyngeal Abscess	1
Tracheitis	2
Upper Airway Obstruction	2
Foreign Body - Inhaled	6
Croup	43
Misc/Anaes:Anaesthetic Complication: Malignant Hyperthermia	1







Victorian Paediatric Emergency Transport Service



Patients & Families Health Information Depart PETS RCH > Operations > PETS > Emergency referrals In This Section **Emergency referrals** About PETS Emergency Referrals for Pa Make a referral and Retrieval (PETS & NETS Outreach education Parent info -For Health Professionals Only-Contact us For all PETS, NETS, and PERS calls: Information Required During Information Required During a Referral Drug and Infusions Calculate http://www.rch.org.au/clinicalguide/guideli Preparation for Transport A, Preparation for Transport Video Consult http://www.rch.org.au/telehealth/join_a_cd RCH Clinical Practice Guideli http://www.rch.org.au/clinicalguide/ # Like < 0 Tweet 0

Information Required During a Referral

We recommend you follow the 1.S.B.A.R. guideline outlined in the checklist below. It is NOT a requirement to have ALL the information available. Please make your referral at any point in time when you need paediatric intensive care advice or retrieval.

Our call coordinator will greet you and record this information

Introduction

- 1. your name, clincial role, location and contact number
- 2. your patient's name, age/DOB, weight

The PETS Consultant or Senior Registrar will join the call and discuss the following with you (our call coordinator will record the information)

Situation

The clinical situation

(e.g. status epilepticus, child is intermittently apnoeic, will likely require intubation)

- 1. past medical history
- 2. presenting problems/history of presenting illness
- 3. management undertaken, investigations performed
- 4. review of systems
 - Airway
 - □ clinical findings □ intubation grade □ ETT size □ ETT position
 - Breathing

 - Circulation
- ☐ clinical findings ☐ ventilation parameters ☐ blood gases ☐ CXR
- Background
- □ clinical findings, HR, BP, rhythm
- □ vascular access
- □ fluids (bolusses and continuous fluids)
- vasoactive medication
- □ clinical neurological findings □ sedation □ muscle relaxants CNS imaging
- - □ temperature □ blood results incl. blood glucose □ microbiology
- ☐ family/parents

Assessment

The working diagnosis or overall assessment of the situation

Request

Please state whether you are requesting advice only or retrieval or are unsure.



Why aren't they answering?

Whats taking them so long?

Where are they?





PETS Equipment: Standard equipment to be taken on all trips:

- Zoll Monitor
- □ ECG leads, BP cuffs & cable, saturation probe & cable, Invasive cables, ETCO2, ? defib pads
- □ 3 Braun syringe pumps: 50ml syringesx3, long viggos (extension tubing)x3
- LTV Ventilator and circuit-check oxygen inlet hose is attached
- □ Spare LTV Battery (Interstate Retrievals)

- Croup / Epiglottitis/Difficult Airway ☐ Extra long ETTs (Croup tubes)
- Suction catheters Wrap around arm splints
- □ Glidescope □ Bougles

Status Epilepticus

Head Injury / Multi Trauma

- □ Mannitol
- □ 0.9% saline □ 3% saline
- ☐ Central line : 3 lumens
- □ Extra pressure transducer and cable
- □ Extra 50 ml syringes x3
- ☐ Extra long viggos/IV extension tubing x3
- □ Extra Braun infusion pump
- □ Chest drain catheter





- Wrap around arm splints
- ☐ Chloral Hydrate

Doctor's Name :	Sign	Nurse's name	Sign
Patient's Name :	Hospital:	Date:	

The Children's







Where the bloody hell are they?



Time to leave RCH

1 hour

Time to reach referral site 2 hours

Time to return to RCH

3 hours





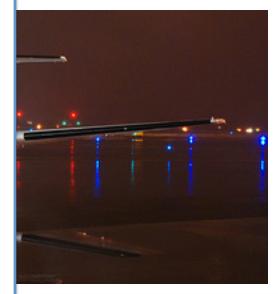


Preparation for Transport

- Checklist -

Α	Intubated/Ventilated Children
	☐ Check ETT position on chest x-ray (tip in mid-trachea)
	☐ Secure ETT strapping
	☐ Splint the child's arms (in addition to sedation +/- muscle relaxation*)
	*The PETS team will muscle-relax patients for transport while ensuring adequate sedation and, where applicable, seizure control.
В	Intubated/Ventilated Children
	□ visually check adequacy of ventilation (chest movement)
	□ visually check capnography and pulsoximetry
	□ check blood gas if possible
C	All Children
_	☐ if possible, obtain 2x IV access, confirm patency of IVs
	For Children with an unstable CVS
	☐ fluid bolus at the ready
	☐ resuscitation doses of Adrenaline and Metaraminol at the ready
	☐ ensure volumes of any inotrope infusions sufficient for transport
D	Intubated/Ventilated Children
_	☐ ensure volumes of any sedative infusions sufficient for duration of transport
_	Intubated/Ventilated Children
E	ensure volumes of any sedative infusion sufficient for duration of transport
F	Family
	please advise family that in the vast majority of cases, that unfortunately they will not be able to accompany their child due to limited space in most ambulances and aircraft
G	□ check blood sugar
X	☐ Please copy relevant documentation (medication charts, observation charts, notes) and radiology files for the PETS team to take to the receiving centre.





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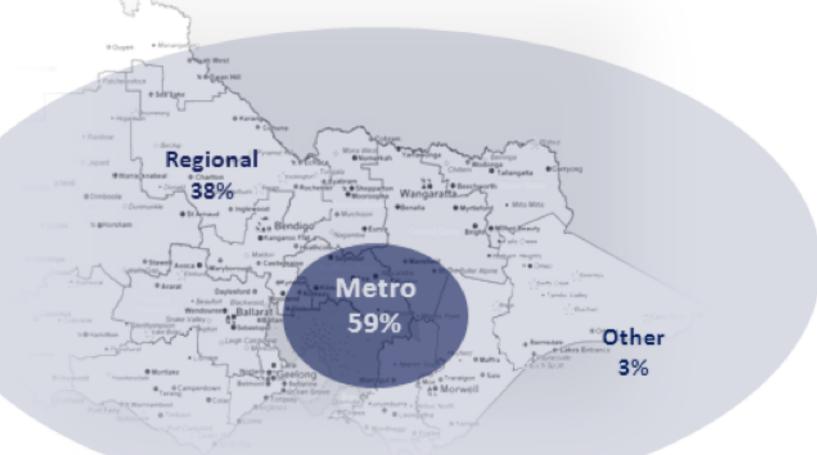
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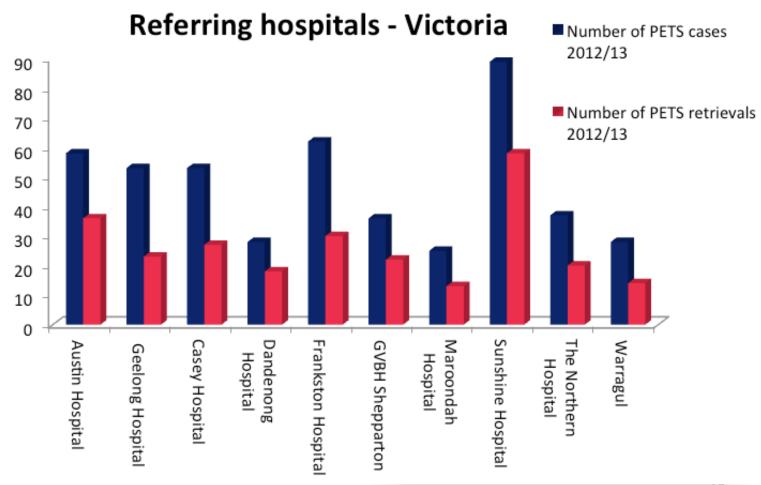
Where do they go?



"We go everywhere man"

"We go everywhere man"





How do they travel



	2012/13
Taxi	295
Air Ambulance	97
Helicopter	49
Road Ambulance	15
Rapid Response Car	2
Commercial Airline	1



	2012/13
Taxi *	4
Air Ambulance	96
HATS	1
Helicopter	48
Road Ambulance	320
Lear Jet	0

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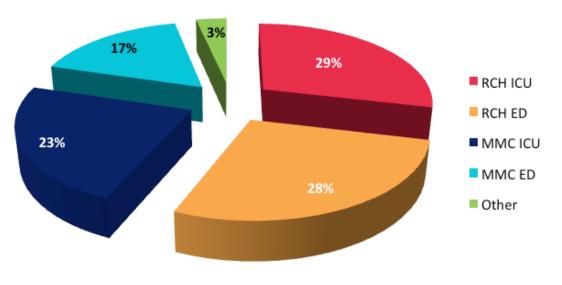


Where will my patient go?





	13	200
PETS Patient Disposition	Total	%
RCH ICU	134	29
RCH ED	129	28
Monash ICU	109	23
Monash Emergency	79	17
Other	18	3
Retrievals	469	100



DANGERS

Equipment

Personel

Logistics

lictorian Paediatric Emergency Transport Service





Preparation for Transport

- Checklist -

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	*7 wf	
В		
С	A STATE OF THE STA	
	resuscitation doses of Adrenaline and Metaraminol at the ready ensure volumes of any inotrope infusions sufficient for transport	
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X	 Please copy relevant documentation (medication charts, observation charts, notes) and radiology files for the PETS team to take to the receiving centre. 	

DANGERS





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For all PETS, NETS, and PERS calls: 1300 137 650

Website www.rch.org.au/pets

