

أسس العناية المركزة\الكورس الاول

TRANSPORT OF CRITICAL ILL PATIENT LEC 3

Sawa University

جامعة ساوة الاهلية

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كلية التقنيات الصحية والطبية

Department of Anesthesia

قسم تقنيات التخدير

.....3..... Stage

.....المرحلة الثالثة

.....محاضرة رقم 3..

نظري

Lecture No.

Theoretical

3.....

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الكريم.....

TRANSPORT OF **CRITICALLY ILL** **PATIENT**

INDICATION:

- **DIAGNOSTIC PURPOSES** e.g. CT SCAN , MRI.
- **THERAPEUTIC PURPOSE** e.g.:- SURGERY, PACEMAKER
- **SPECIALIZED CARE** e.g. :- EMERGENCY DEPARTMENT TO ICU (or) TERTIARY LEVEL HOSPITAL.

CONTRA INDICATION:

- **POTENTIAL BENEFITS** <POTENTIAL RISKS.
- **UNSTABLE (OR) POTENTIALLY UNSTABLE PATIENT** .

TRANSPORT TYPES:

- **Intra-hospital:** Patient moves inside the hospital (e.g., OR to ICU).
- **Inter-hospital:** Patient moves between hospitals.
- **Scene run:** Patient moves from accident site to nearest hospital.

COMPLICATIONS OF TRANSFER:

- Hemodynamic instability
- Hypertensive crisis
- Systemic hypotension
- Cardiac arrhythmias
- Airway obstruction
- Cardiac arrest

POTENTIAL MISHAPES:

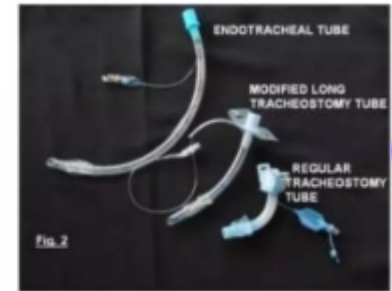
- Accidental extubation.
- Ventilator disconnects.
- ECG disconnects.
- Monitor power failure.
- Vaso – active drug interruption.
- Intravenous infiltration or disconnection.

ELEMENTS OF TRANSPORT:

- **Personnel** : At least 2 people should accompany critically ill patients, A physician trained in airway management, ACLS, and critical care should accompany unstable patients.

- **RESPIRATORY & CVS SUPPORT EQUIPMENT:**

- Oral and nasal airways
- Facemask, Bains circuit, AMBU bag
- O2 mask with tubing/reservoir
- Suction devices
- ET tubes, stylet
- Laryngoscope and blade
- Bougie, LMA
- IV cannula, syringes, needles
- Monitor with pulse oximeter, BP, ECG



RESUSCITATION DRUGS

DRUG	DOSE	QUANTITY	ACTION
Inj. propofol	200mg	1vial	Sedative
Inj. Adrenaline	1mg	2 amp	Vasopressor
Inj. Nor adrenaline	2mg	2 amp	Vasopressor
Inj. Atrac	25mg	1 amp	Sedative & muscle relaxant.
Inj. Midaz	5mg	4 amp	Sedative & muscle relaxant
Inj. Atropine	0.6mg	3 amp	Bradycardia
Inj. Scoline	50mg	1 vial	Sedative and muscle relaxant

CALCULATE O₂ NEEDED FOR THE TRIP:

OXYGEN CYLINDER - types

SIZE	CAPACITY (L)	PRESSURE (psi)
B	200	1900
D	400	1900
E	660	1900
F	1360	1900
G	3400	1900

CHECK LIST:

Checklist for preparation

A: airway	• Is the airway safe? If in doubt, intubate. • Cervical spine control.
B: breathing	• Portable ventilator settings. Check ABG before departure after 15min on the portable ventilator. • Self-inflating bag-valve-device in the event of a ventilator/oxygen failure. • Suction. • Adequate sedation, analgesia, and relaxation. • Adequate O₂ reserves. • Insert a chest drain if there is a possibility of a pneumothorax (e.g. fractured ribs).
C: circulation	• Stable circulation with good access. • Controlled external bleeding. • Invasive BP and CVP, when indicated. • Inotropes—if in doubt have them prepared and ready to run. • Pumps and batteries. • Insert a urinary catheter and monitor output.
D: disability	• GCS (mannitol, IPPV), pupillary signs. • Naso-/orogastric tube.
E: exposure	• Temperature loss. • Splint long bones.

MONITORING DURING TRANSPORT:

Critically ill patients get the same basic monitoring during transport as in the ICU: continuous ECG and pulse, plus regular blood pressure, pulse, and breathing checks. All battery-powered gear is fully charged for the trip.



IN-TRANSIT PROCEDURES:

- A best route.
- Lift should be reserved before hand.
- Status of patient checked at intervals.
- Continuous monitoring

DOCUMENTATION:

- Track clinical status before, during, and after transfer
- Monitor patient condition trends.
- Ensure proper handover between doctors.
- Review transfer process for quality.

Any questions?



QUIZ

