

TRANSPORTATION OF SICK CHILD



GENERAL OBJECTIVE:-

The group will be able to understand about transport of sick child and able to apply theoretical knowledge to clinical practice.

SPECIFIC OBJECTIVES:-

The group will be able to

Introduction of transport of sick child

Understand about goal of transport team

Discuss about indication, transport team

Explain the principle of transport of sick child

Discuss about Quality require of individuals to perform critical-care transport and required Equipment's which need in child transport

Undersatnd about assess the child

Record keeping

TRANSPORT OF SICK CHILD

Neonates are usually transported from labor room to nursery with level II or III facilities or NICU. Neonatal transport may be required from home to level I centers, level I to level II centers or level II to level III centers. It may be needed within the facility.

In utero transfer or referral may be needed, if the birth of an 'at-risk' neonate is anticipated, then mother is transported to the facility with optimum maternal and neonatal care.

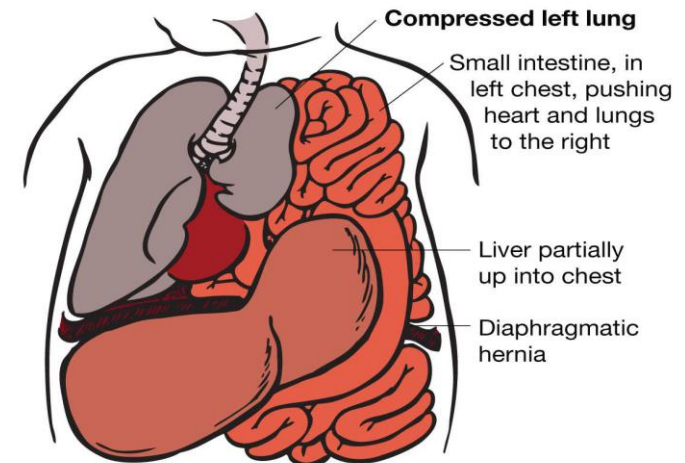
Transport of the sick neonates is a difficult job and should be done when unavoidable with danger signs and definite indications.

Goal of transport team :

- Providing high-quality intensive care throughout the transfer process.
- Effectively providing an intensive-care bed on the move .
- Improve the morbidity and mortality through the receipt of expert critical care and specialist expertise, including surgery

Who need transports ?

- ❑ Children who have been the victims of trauma
- ❑ Term and preterm neonate with either major complication or congenital anomalies
- ❑ Infant and older children who have a either severe form of complication





Transport team

- Transport director
- Coordinator
- Duty consultant
- Transport doctor
- Transport nurse
- Paramedical
- Transport driver

Principles for Transporting child

- ❖ Correct assessment of the baby should be done to justify the indication of transport and referral.
- ❖ Explain the condition of the baby and reasons for referral.
- ❖ Baby's condition to be stabilized and hypothermia should be corrected before transporting.
- ❖ Record case history, need for referral and treatment given in the referral card or sheet.
- ❖ Mother should accompany the baby at the time of transport.

CONT..

- ❖ A doctor or nurse or health worker or ASHA or local-dai should accompany the child to provide necessary care on the way to referral center.
- ❖ Provide instructions and guidelines to the attendants/ health worker for care during transport (IV infusion, clearing air passage, position, observation, etc.).
- ❖ Ensure warmth of the baby on the way to maintain.
- ❖ Mother should be instructed to give breastfeeding if possible, otherwise expressed breast milk to be given with bowl and spoon. .

Cont..

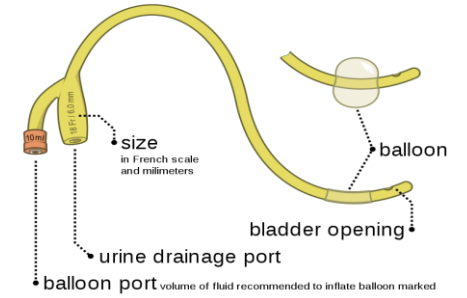
- ❖ Reverse transport should also be communicated with feedback information, e.g. from NICU to postnatal ward and to rural hospital or home. Follow-up should be done to evaluate the outcome.

What Quality require of individuals to perform critical-care transport?

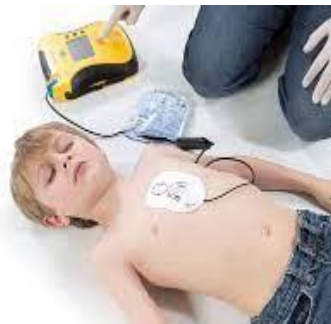
- Clinical skills
- Diagnostic skills
- Good interpersonal skills
- Ability to cope with stress
- Good physical health

What are Equipment's which need in child transport??

- Air way access
- Vascular access
- Dressings
- Chest drains
- Urinary catheters
- Monitor
- Ventilator
- Defibrillator
- Immobilization device
- Transportation device
- Transport vehicles



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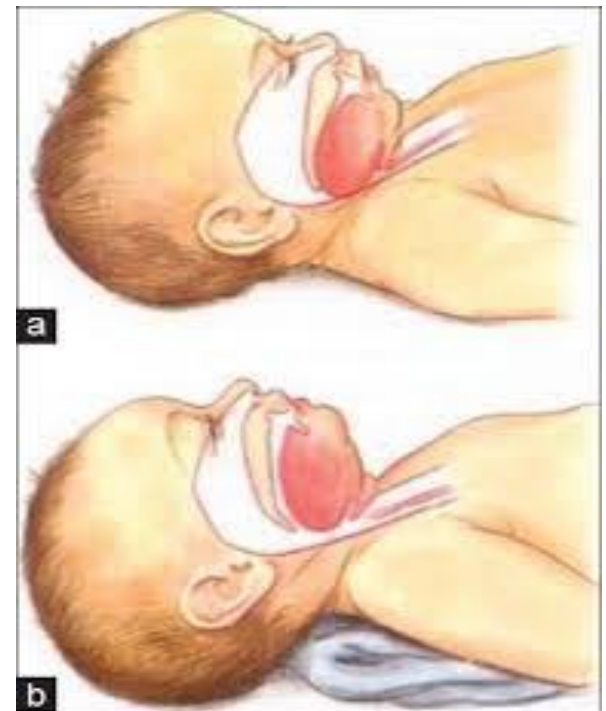




How to recognize and assess the sick child ?

□ AIRWAY

- patency
 - Need simple management
 - positioning
 - head tilt-chin lift
 - Use airway adjuncts (oral airway)
- Require advanced intervention
 - ET intubation
 - CPAP



Breathing

- Respiratory rate
- Respiratory effort
- Airway and lung sounds
- Pulse oximetry



Circulation :

Evaluate cardiovascular function

- Heart rate and rhythm
- Pulses
- Capillary refill time
- Blood pressure and pulse pressure

Evaluate end-organ function

Brain perfusion

skin perfusion

renal perfusion





Capillary refilling time: How to assess?

The 3 steps 5-second check-up

PRESS your fingers on the patient's nail bed for 5 seconds (count the time loudly).
The patient's nail bed will turn white



2. RELEASE
your pressure



DEHYDRATION
> 2 seconds
ALARM sign



3. COUNT the seconds
till the patient's nail bed
returns pink

Peripheral Pulses

- Present/Absent
 - Strength
-

Skin Perfusion

Capillary refill time

Temperature

Color

Systemic perfusion

CNS Perfusion

Level of consciousness

Renal Perfusion

Urine output

SECONDARY ASSESSMENT

- Sign and symptoms
- Allergy
- Medication
- Past medical history
- Last meal

RECORD-KEEPING

All parties involved in critical-care transport should keep accurate notes of the referral, advice given and management throughout the transport.

This enables accurate and meaningful audits to be performed and, hence, facilitates ongoing quality improvement of the service



Thank you 😊