

# Time Critical Transfer (TCT) Preparation

0

## 0 mins: TCT requested via SORT

Inform ED / Paediatrics / Anaesthetic / ICU team  
Identify clinician to coordinate transfer process  
Identify anaesthetics / ICU staff to coordinate patient. Order ambulance early.

5

## Establish transfer team

Contact ODP / ICU nursing team  
Portable ventilator + monitor + suction  
Print SORT guidelines

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## Prepare patient

### Airway

ETT correctly positioned and secured  
CXR to confirm appropriate position  
C spine immobilisation if necessary  
OG / NG tube placed and on free drainage

### Circulation

Two secure PVCs  
Adequate maintenance fluids  
Maintain BP for age specific target  
Do not delay for arterial and central access  
Prepare peripheral phenylephrine / adrenaline / dopamine  
Ensure infusions pumps ready

### Haematology + Infection

Start correcting coagulopathy if active bleeding  
If sepsis considered start antibiotics  
Peripheral cultures

### Final checks

Secure child on trolley  
Paediatric airway kit + ambu-bag  
Paediatric transfer kit  
Full oxygen cylinder + spare  
Drugs  
Complete time critical transfer checklist

60

< 60 minutes to patient departure

Transfer team to inform SORT/PICU re time of leaving  
Ensure digital transfer of appropriate radiology

## Indications for TCT

Traumatic brain Injury  
Raised ICP - I.e. Tumour / Spontaneous ICH  
Blocked VP shunt  
Metabolic emergency

Acute Intra-abdominal emergency

Transfer Process Coordinator

Discuss with SORT

Photocopy paperwork / investigations  
Image link to UHS

Inform ambulance time critical transfer once patient ready

Update family

Refer to transfer checklist

## Breathing

Transfer ventilator with continuous ETCO<sub>2</sub> / SaO<sub>2</sub> monitoring  
Recent or post intubation blood gas  
Aim SaO<sub>2</sub> > 98%. Aim ETCO<sub>2</sub> 4 - 5Kpa

## Disability

Full neuroprotection  
Midline + head up at 30 degrees  
Adequate sedation and muscle relaxant as per SORT guidelines  
Ensure normothermia 36 – 37°C  
Ensure normoglycemia  
Ensure sodium > 140

Age	MAP	Systolic BP
< 1	55 - 65	> 75
1 - 5	70 - 80	> 80
6 - 11	80 - 90	> 90
12 - 14	85 - 95	> 90
> 14	> 85	> 100

### Treatment of ICP

3mls /kg 2.7% sodium chloride

# Time Critical Transfer Checklist

## Airway

- ETT correctly positioned clinically and secured
- Cuff inflated
- Position confirmed with CXR (if time)
- Appropriate HME filter for patient
- C – Spine immobilisation if trauma
- Aspirated orogastric tube if trauma
- Aspirated NG if not trauma

## Breathing

- Pulse oximetry. Aim SaO<sub>2</sub> > 98%
- Continuous ETCO<sub>2</sub>.
- Adequate ventilation. Aim ETCO<sub>2</sub> 4 – 5Kpa
- Appropriate ventilation circuit
- Recent or post intubation blood gas (C/V/A)

## Circulation

- IV access
- Maintenance fluids
- ECG and NIBP
- Maintain MAP for age specific target
- Arterial line (if not delaying transfer)
- Vasopressor support if required
- Emergency drugs prepared

## Disability

- Adequate sedation and muscle relaxant as per SORT guidelines
- C – Spine precautions if trauma
- Midline + head up at 30 degrees
- Seizures identified and treated
- Normoglycemia ensured – BM 4 – 12
- Normothermia ensured 36 – 37°C
- Ensure sodium > 140

## Other

- Nil by mouth
- Emergency airway & breathing equipment / portable suction
- Adequate oxygen

## Departure

- Patient adequately secured
- Most appropriate personal transferring
- Mobile phone for assistance if needed
- Phone SORT to clarify departure / arrival destination
- Ensure SORT has contact details for transferring team
- Transfer Letter

## Departure equipment checklist:

- Appropriate size endotracheal tubes
- Appropriate guedel & facemask
- Bougie / Magills forceps
- Laryngoscope & blade
- Syringe / tape / lubrication
- T – piece / Waters Circuit
- Ventilator and circuit appropriate to size of patient
- Full oxygen cylinder
- Monitor + ventilation alarms set
- Portable suction + minimum of two yankauers
- ECG / Non-invasive blood pressure / IV access
- Maternal x-match if baby less than one month
- Blood checked and running if needed
- Bloods including clotting sent
- IV bolus fluids + rescue line
- Sedatives
- Neuromuscular blockade
- Emergency drugs ( adrenaline / fluid / extra muscle relaxants )
- Hypertonic saline if raised ICP
- Appropriate method for temperature control
- Batteries on monitor and infusion pumps charged
- Transfer bag
- SORT drug calculator printed out