

# Perpetual Readiness in Pediatric Interfacility Trauma Transport

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## BACKGROUND

Unintentional injuries are the leading cause of death in children (CDC, 2021). The first 60 minutes after traumatic injury are crucial in determining patient outcomes. Morbidity and mortality can decrease with rapid transport of the injured child to a hospital that provides definitive care. (Ashburn et al., 2020).

Our hospital-based critical care transport team consists of pediatric trained registered nurses and respiratory care practitioners at a level II pediatric trauma center in a suburban setting. Trauma case review identified an opportunity to decrease time from transport notification to patient arrival.



## PURPOSE

The aim of this improvement project is to decrease time to definitive care of injured pediatric patients.

## METHODS

A multidisciplinary task force was created to evaluate current practices and identify areas of opportunities. Interventions were executed within the Emergency Department and Transport Team. The key times were collected and analyzed from the transport team documentation over a six-month period.

### Identified Practice Changes

#### Transport Changes

Having Equipment ready at all times or preparing it en route

Creation of Trauma Report Template

Standardization of medication

#### Sending Facility

Transport IV tubing changed to universal tubing

Sending Facility prompted to prepare paperwork, films and discuss transport with families

Education provided to sending facilities to have paperwork faxed to ED if not ready prior to departure of transport team

## RESULTS

The overall time from notification to patient arrival at the level II pediatric trauma center decreased by 34 minutes.

