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

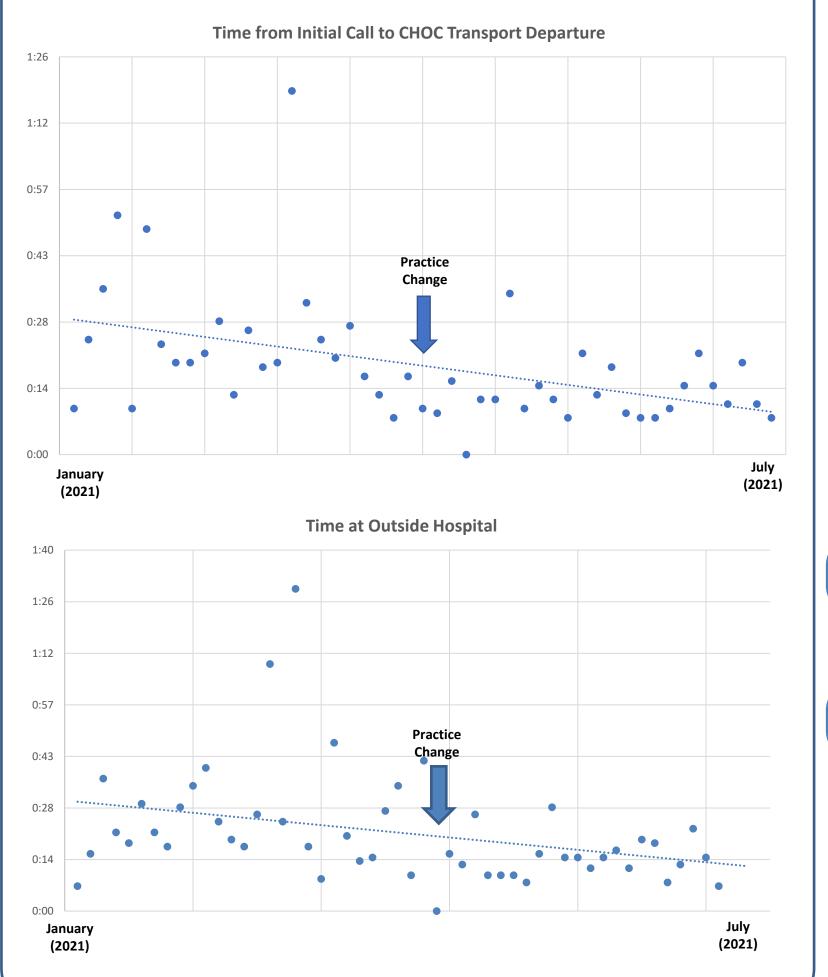
Transport IV tubing changed to universal tubing

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.



CONCLUSIONS

The challenge with the interfacility transport of critically injured patients is balancing preparedness and safety with timeliness. There were no adverse events identified during this time period. Early engagement of the appropriate parties along the continuum of care of pediatric patients allowed for open dialogue. Collaboration between the emergency department, trauma service, transport team and critical care unit led to rapid consensus between the key stakeholders on practice changes.





REFERENCES

Available upon request

ACKNOWLEDGMENTS

CHOC Emergency Transport Services

CHOC Mobile Intensive Care Nurses

Frank Maas, Service Line Director Emergency, Trauma and Emergency Transport

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