

Airway / Ventilation Considerations

Intubated Child:

Appropriate Sized ETT well secured

CXR performed and ETT & NGT position modified if required

Adequate sedation/analgesia (seek IPATS advice if unsure)

Child on NIV/HFNCC:

Blood gas (cap/ven/art) performed if new or additional ventilatory support added

If deterioration – consider intubation/contact IPATS consultant

For all children above

NGT inserted, aspirated & attached to bile bag for drainage.

Ensure child is NPO - small vol meds ok

Blood gas (cap/ven/art) checked once on Ventilator if intubated or if new ventilatory support added or deterioration on NIV/HFNCC

Circulation Considerations

Working Vascular Access x2 (IV/IO)

Aim to maintain HR /BP normal for age – contact IPATS consultant for advice if not achievable

Urinary Catheter inserted if intubated

Monitor & maintain normothermia

IPATS infusions made up if possible (discuss requirements with IPATS team)

For use ONLY by IPATS team →

Please see:

<http://www.nascrrs.ie/IPATS/Calculators/Paediatric-Critical-Care-Intravenous-Infusion-Chart.pdf> for guidance on infusion concentrations/doses etc to be used by referring teams during local team transfer or whilst awaiting IPATS arrival

Drug	Standard Concentration	Diluent
Morphine	50mg in 50ml	Glucose 5% Glucose 10% NaCl 0.9%
Midazolam	100mg in 50ml	Glucose 5% NaCl 0.9%
Dexmedetomidine	200mcg in 50ml	Glucose 5% NaCl 0.9%
Adrenaline AND/OR Noradrenaline	6mg / 50ml	Glucose 5% Glucose 10% NaCl 0.9%
Art Line Flush	500 units Heparin/500ml NaCl 0.9%	
Maintenance (Bag prepared for infusomat delivery)	0.9% NaCl +/- 5% Dex – standard Hartmanns +/-5%Dex 80% maintenance is standard	

Communication – IPATS will require copies of the following before departure

Discharge Summary

Copy of medical notes of current admission

PEWS sheet for past 24hrs

Drug Kardex

Recent laboratory results

CD of all **NON NIMIS** images

Parents briefed that it is likely that they will **NOT** be able to travel with their child