

## **Accidental removal of central venous catheter was reported in three (3.75%) patients, drain came out in four (5%) patients, and three (3.75%) patients had accidental extubation” Harish et al (2017).**

Abstract:

**BACKGROUND AND AIMS:** The transport of critically ill patients for procedures or imaging outside the Intensive Care Unit (ICU) is potentially hazardous; hence, the transport process must be organized and efficient. The literature about benefits of and untoward events (UEs) during intrahospital transport of pediatric critically ill patient is scarce. We, therefore, audited the UEs during and benefits of intrahospital transport of critically ill pediatric patients in our ICU.

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**SUBJECTS AND METHODS:** Eighty critically ill pediatric (<18 years) cancer patients, transported from the ICU for either diagnostic or therapeutic procedure over a period of 6 months, were included in the study. The data collected included the destination (computed tomography scan, intervention radiology, magnetic resonance imaging scan, and operation theater), accompanying medical personnel, UEs, and benefits obtained during transport.

**RESULTS:** Among eighty pediatric patients, the median age was 8 years (range 2-17 years). During the transport, four (5%) patients required endotracheal intubation, three (3.75%) patients required intercostal drain placement, and six (7.5%) patients required cardiopulmonary resuscitation. Accidental removal of central venous catheter was reported in three (3.75%) patients, drain came out in four (5%) patients, and three (3.75%) patients had accidental extubation. Transport indirectly led to a change in antibiotic therapy in 24 (30%) patients and directly helped in change of therapy in the form of interventions in 20 (25%) patients.

**CONCLUSION:** Critically ill children can be transported safely with adequate pretransport preparations, which may help in avoiding major UEs and benefit the patient by change in

the therapy.

Full Text

Reference:

Harish, M.M., Siddiqui, S.S., Prabu, N.R., Chaudhari, H.K., Divatia, J.V. and Kulkarni, A.P. (2017) Benefits of and Untoward Events during Intrahospital Transport of Pediatric Intensive Care Unit Patients. Indian Journal of Critical Care Medicine. 21(1), p.46-48.

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