

# Out of Programme Experience as a Simulation Fellow in the Paediatric Emergency Department (ED): Time Critical Transfer

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## **BACKGROUND**

A child with an expanding intracranial haemorrhage who requires intervention at a paediatric neurosurgical facility is a common Time Critical Transfer. Coordinating the care and timely transfer of these children relies upon collaborative team working from the Emergency Department, Anaesthetics, Children's Intensive Care, Ambulance Service and Radiology Departments.

# THE CASE

"A pre-alert is made for a 5-year-old boy who is screaming in pain complaining of a sudden onset headache. His GCS drops during assessment..."

> No findings to suggest head injury GCS drops to 8 during assessment **Unequal pupils** – right 5mm, left 3mm









"Excellent session which felt very real." Paeds ED SpR

"Brilliant training opportunity and great insight into the hospital management of these children."

EMAS Paramedic

The simulation was followed by a clinical and human factors debrief and published as a blog on our educational site. Participants received a certificate and summary of the debrief for their PDP.

#### AIMS

- Create a realistic in situ scenario and safe learning environment to embed a shared mental model of multidisciplinary team working.
- To improve awareness of and test the departmental Standard Operating Procedure for Time Critical Transfer of the Sick or Injured Child.
- The Standard: Once a need for time critical transfer has been identified, the patient should leave the department within a maximum of 60 minutes.

#### THE TEAM

**Radiology** 

2 Radiographers





**Paeds ED** Consultant, 2 Registrars 3 ACCS trainees 3 Nurses





Sim Team Coordinator Simulated parent Gaumard rep Pedi Hal Simulator



**CICU** Consultant Registrar Nurse

## TIMELINE ANALYSIS



33 mins

Transfer to Radiology

for CT head

raised ICP. CICU called. Airway adjuncts used in interim.

31 mins

Neuroprotective

measures addressed

Anaesthetic consultant in department. 26 mins

Intubated by

anaesthetist

16 mins

Further deterioration with threatened airway and signs of

22 mins CICU team arrive

45 mins CT head result - bilateral intraventricular bleed with midline shift. Identified need for Time **Critical Transfer.** 

45-78 mins Preparation for **Time Critical Transfer** including checklist and transfer to CICU transport trolley. Left department after 78 minutes.

Time → CT head from arrival = 45 mins Time → departure after activation of Time Critical Transfer protocol = **33** mins

#### CONCLUSIONS

- The Time Critical Transfer SOP was followed and the time standard from decision to transfer was achieved.
- Team feedback was overwhelmingly positive.
- Our multidisciplinary simulation framework has become embedded in our department and hospital culture and has been fruitful in improving the quality of patient care delivered.

