

## 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.

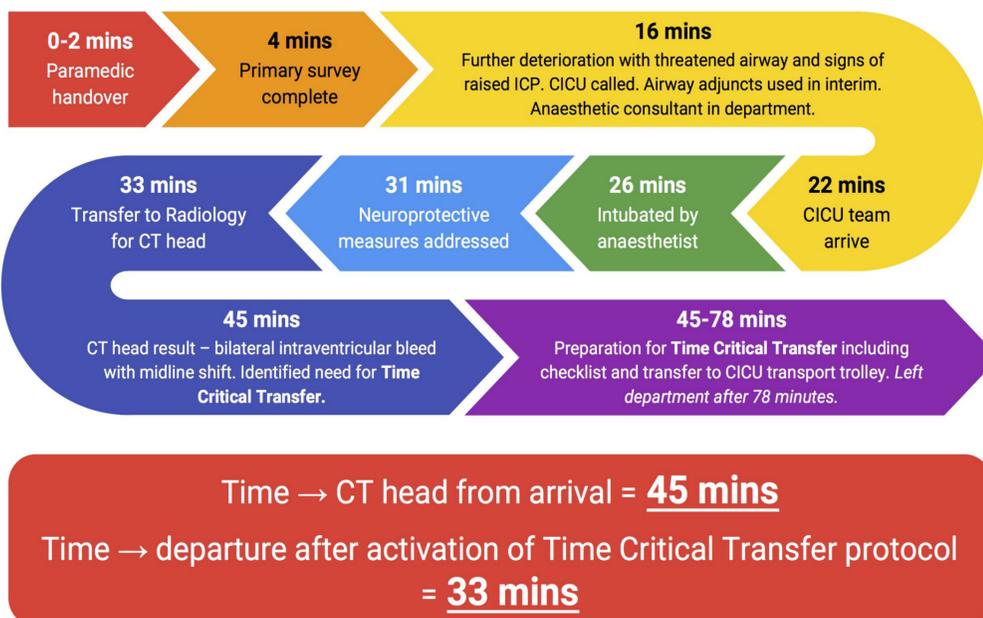
### AIMS

- 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

 <b>EMAS</b> 2 paramedics	  <b>Paeds ED</b> Consultant, 2 Registrars 3 ACCS trainees 3 Nurses	
 <b>Anaesthetics</b> Paeds Anaesthetist	 <b>Radiology</b> 2 Radiographers	  <b>CICU</b> Consultant Registrar Nurse
   <b>Sim Team</b> Coordinator Simulated parent Gaumard rep Pedi Hal Simulator		

### TIMELINE ANALYSIS



### 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.